

Pam
5722
no. 1

REPORT

OF THE

HOMŒOPATHIC

RELIEF ASSOCIATION.

WITH

VALUABLE PAPERS ON YELLOW FEVER

BY

The Leading Homœopathic Physicians

OF

NEW ORLEANS, LA.

• 1878.

395856

REPORT
OF THE
HOMŒOPATHIC
RELIEF ASSOCIATION.

WITH
VALUABLE PAPERS ON YELLOW FEVER,
BY
The Leading Homœopathic Physicians
OF
NEW ORLEANS, LA.

1878.

357

A. H. Nelson, print, 67 Camp Street.

INDEX.

	Page
Association Report, by C. G. Fisher, Secretary.....	3
List of Contributions.....	16
Account Current, by H. L. Stevenson, Treasurer.....	20
Circular Treatment, by James G. Belden, M. D., President. .	21
Report and Treatment, by Richard Angell, M.D.....	24
“ “ “ “ Walter Bailey, Sr., M. D.....	26
“ “ “ “ J. G. Belden, M. D.....	37
“ “ “ “ S. M. Angell, M. D.....	50
“ “ “ “ A. B. de Villeneuve, M. D.....	54
“ “ “ “ Walter Bailey, Jr., M. D.....	61
“ “ “ “ James Diet, M. D.....	65
“ “ “ “ Charles J. Lopez, M. D.....	71
“ “ “ “ Jesse R. Jones, M. D.....	74
“ “ “ “ Wm. M. Deason, M. D.....	80
Theory of Yellow Fever Poison by Walter Bailey, Sr., M. D... 81	
Paper on Quarantine “ “ “ “ “ ..	86

REPORT.

DR. JAMES G. BELDEN,

President of the Homœopathic Relief Association.

The general "casus actio" which brought this Association into existence during the past summer needs no special explanation and but little comment from us, as its unfortunate details are known to the civilized world.

After an unusually warm wet Spring, in the heat of a summer month, yellow fever appeared in our city, assuming at the onset a very malignant type, spreading rapidly and attacking a class of residents—our creole citizens—who had heretofore believed themselves exempt from its influences; such results, with that of its virulence among children caused a greater panic among our residents than was ever produced by any former epidemic.

A large number of our citizens speedily sought other and more healthy places of abode, leaving the greater mass, who unable to follow such example for safety, were forced to wait patiently if they could; sadly and hopelessly as they often did, the approach, seizure and result of this dreaded disease.

Long general depression of business preceding that usually prevailing during the summer months in this city, found many thousands of families illy prepared, to provide all the con-comittants indispensable in contending with so distressing and devastating an enemy.

For the SPECIAL cause of this organization, we note that in August—per force of the then reputed success of Homœopathic Practice—repeated, urgent and extended calls, both from the city and from adjacent districts, to which the fever was rapidly spreading, were made upon Homœopathic Physicians of known liberality and upon prominent friends of the practice for medical aid and assistance in treating the fever Homœopathically in families and communities; which assistance most of the applicants were totally unable to pay for, and which it *was impossible for them to obtain by application to any then known Charitable Association.*

Believing then, what has since been more emphatically proven, that the merits of this treatment for yellow fever, far surpassed any other known or within reach of these plague stricken communities, and that by uniting under one central head all the available force and power of local Homœopathic Physicians with that available from intelligent laymen, and then applying and expending such strength in a systematic manner, *great good could be accomplished*, it was deemed expedient to organize the New Orleans Homœopathic Relief Association—embracing the local physicians and numerous laymen of that practice—and on the first of

September while the fever was near its highest point of prevalence, an appeal was addressed to the friends of the practice abroad and to the public generally, for funds to carry on the work.

The great generous benevolence of northern friends and communities, then at their full tide of sympathy, gave quick response in monies, medicines, food, delicacies and clothing, thereby permitting us to render not alone medical aid and care, as at first intended, but to also extend material relief and comfort to the many distressed applicants. The work of the Association rapidly assumed extended proportions—calls for medical and material aid, coming from all portions of our city, from Dry Grove, Canton, McComb City, Tangipahoa, Bay St. Louis, Cheniere Caminada and a score of other towns, villages and hamlets, in the interior fever districts.

By the energetic labors of the physicians of our school aided by numerous laymen and nurses, we were able to meet with general promptness, all of the several thousand calls for medical attendance from within our city borders, but per force of the limited number of the former, and of the decision not to accept the many proffers of service, made by practitioners of distant cities—who would have been promising and doubtless early victims to the fever—we could not send physicians to all distant points desired, but were compelled to resort to other methods of supplying the extended and urgent requests for Homœopathic treatment from

interior fever localities. To meet such, we called into service a corps of Homœopathic laymen, intelligent gentlemen, more or less conversant with the treatment of yellow fever, who under the advices of the Association Physicians and guided by your valuable Circular of treatment, were well prepared and capable of rendering invaluable services in those localities, in meeting and contending with the fever in its worst form, as they did in hundreds of cases successfully, winning gratitude "ad libitum" for themselves and the Association.

For the rapid progress, extent, and successful result of our work, we are largely indebted to the Homœopathic practitioners of New Orleans, *all* of whom with *one* exception, aided us in our labor.

This one exception, so-called Homœopath, would be leader, (with no following), by false statements, and antagonistic proceedings, persistently but fruitlessly endeavored to retard the work and impugn the motives of the Association, its organizers, and practitioners, who comprised nine-tenths of the local Homœopathic Physicians. For exercising—at such a time—such nobly charitable(?) and highly christian(?) endeavors, he richly merits the same general condemnation abroad which he has won at home.

Aside from extending our work through our physicians, laymen, and nurses into seventeen towns and villages in Mississippi and Louisiana, we transmitted your Circular of treatment, with needed medicines as

called for personally or by letter, to many hundred families, who, living beyond the reach of medical aid, had no previous hope of successfully contending with their approaching enemy, and our files are replete with letters teeming with thanks for such limited aid, which raised their despairing hopes and aided and guided them in their contest with the fever.

In evidence of the extent, merit, and appreciation of such aid, that the thanks therefor may duly reach the original benefactors, and that the *necessity for this organization may be placed beyond question*, we submit a few extracts from said letters.

Tangipahoa, La., Nov. 26th, 1878.

Secretary Homœopathic Relief Association :

DEAR SIR,

I enclose you a "Card" published in the New Orleans Picayune Nov. 17, slightly expressive of the debt the citizens of Tangipahoa owe your Association. We had made repeated appeals in vain to the Howards of your city for aid, and hence the prompt response to our call on your Association was doubly appreciated, as it will be always remembered with gratitude.

Yours Respectfully,

E. F. RUSSELL,
President Howard Association,
Tangipahoa.

A CARD,

Mr. Editor,

Among the many friends and sympathizers who have ministered to our suffering people during the late yellow fever scourge, none have been more assiduous in their attentions, more munificent in their contributions, or more efficient in their ministrations than the Homœopathic Association of New Orleans. Their efforts in our behalf commenced early and have been constant and untiring even up to date.

Mr. M. R. Powers, an assistant, from this Association, has been with us for weeks, and his efforts for the relief of the sick and suffering have been blessed beyond human calculation. Indeed he is looked upon by our people as a public benefactor.

We desire to tender the grateful thanks and earnest prayers of this community to the members of this noble and generous Association.

E. F. RUSSELL,

President H. A. of Tangipahoa.

Tangipahoa, La., Nov. 16, 1878:

* * * * *

"We of this poor stricken village do fervently bless your Association for the kindly interest manifested in our unfortunate condition, and for your promptness in sending medical assistants and nurses in our hour of distress. Our cry for succor had been in vain until you came to the res-

cue. All our citizens willingly accept your treatment, and it alone seems successful where all others have failed."

J. L. HARRIS,

Member of Howard Association

Tangipahoa, La.

* * * * *

I beg to tender your valuable Association the heart-felt thanks of myself and family for the great benefit rendered us in our severe affliction by one of your assistants sent to this place, Mr. M. R. Powers. We feel assured that he saved my own life and that of a darling child, when prostrated by yellow fever. His treatment and indefatigability has apparently performed miracles in bringing the sick back from the verge of the grave! Our prayers will ever be for your welfare.

W. S. CAREY,

Tangipahoa, La.

* * * * *

The first ray of light in the dark cloud of death which was sweeping over this section, was the appearance of your Homœopathic physicians, assistants and nurses, and though the former were soon stricken down, they came safely through, and the work went bravely on.

Dry Grove, Miss.

Permit me to assure you that your prompt and generous help will never be forgotten by the people left at Dry Grove, or by your friends and fellow laborers the Howards of Crystal Springs. Your humane and successful practice has given the drugging and drenching system a blow in this section it will never recover from.

W. C. WILKINSON,

Crystal Springs, Miss.

Member Howards.

Our mental distress was beyond expression as the fever rapidly approached our home, we having no hope of escaping it, no knowledge of its treatment, and no physician within reach. None but those who have been relieved from impending death can appreciate the relief and hope we experienced on receipt of the medicines, circular, and letter of advice from your Association ; but basing our hope on your assurance, and adhering strictly to the treatment recommended, we have carried all our little family, five in number, safely through the fearful scourge. Thank God and your Association.

Ascension Parish, La.

*_____

*Being a lady correspondent we withhold name.

Cheniere, Camanada, La., Nov. 25, 1878.

Secretary Homœopathic Relief Association.

DEAR SIR,—In reply to your inquiry as to the result of my applications for relief for the country for which I alone am the Physician, I would state that early in October I

called on the Howard Association of your city with a petition signed by a large number of the residents of this locality, asking material aid, and that my services be given them under the auspices of said Association. I stated to the officers of the Association that I was a Homœopathic Physician—that I had treated near two hundred cases of yellow fever, and had many cases still in charge—that the citizens of this locality were poor, destitute, and in great need of aid, more than I could render them unless assisted by foreign charity.

Obtaining no satisfactory response to such united appeals I returned to my labors and excepting a few Allopathic remedies, of little or no use to me, I neither received or heard aught more from that Association.

To your Association alone are my community, my friends and myself indebted for medicines and material aid.

Very Truly Yours,

JAMES DIET, M. D.

We further refer to the report of Drs. Jones and Deason of Crystal Springs, Miss., who as physicians of long practice in other schools of medicine, found themselves entirely at a loss for successful treatment while contending with the fever in Dry Grove! and who only found hope and life for themselves, and a plague stricken community, by resorting to Homœopathic treatment, which it was our happy province to practically extend to them.

The total number of yellow fever cases treated Homœopathically under the auspices of this Association by the assisting physicians, laymen, nurses, and heads of families, as reported, is 5,640: of this number 3,184 were within our city limits, and 2,456 were in towns, villages and hamlets in adjacent fever districts, mainly in Mississippi, on or near the line of the Chicago, St. Louis and New Orleans Rail Road.

Of the said 3,184 treated in this city, 164 died, a mortality of 5, 2-10 per cent.

Of the 2,456 treated in outlying points 174 died! a mortality of 6 per cent.

Of the entire number treated we have 2,953 reported as under fifteen years of age, with a loss of 124 cases, a mortality of 4, 2-10 per cent.

So far as our books and reports distinguish as to color, we note 560 cases of negroes and mulattoes treated by the Association, of which 14 died, a mortality of only 2, 5-10 per cent.

From the more specific reports we find that 231 cases black vomit were treated by our physicians and laymen of which 173 recovered.

This last item speaks volumes for the success of Homœopathy in controlling that special stage of yellow fever which is generally deemed a fatal one by the Allopathic School of Practice.

But for the need of resorting to personalities we should be pleased to make a special note from our records of sundry cases left by physicians of other schools

in the last stages of the fever—black vomit or collapse—which our physicians, and laymen even, have reluctantly taken in charge, but successfully treated and eventually cured.

Being personally cognizant of some of these special cases, and having official evidence of the general result of our work, we take pleasure in congratulating the physicians of the Association upon their preeminent success, not alone in saving life and relieving dire distress, but in planting the seeds of confidence in Homœopathic treatment, not only in New Orleans, but in other extended localities where it was never before known, but can now never be eradicated, thereby eliminating from the minds of many thousand residents of the fever districts, much of the dread, and consequent danger, of yellow fever.

To the sympathetic kindness and generous benevolence of communities, associations and individuals, not only in the United States but in foreign countries are we indebted for the means which enabled us to accomplish this extended work of Charity, and we owe and cordially tender to them our grateful thanks, and alike transmit those of the many thousands whom such benefaction aided.

* As many reports have been withheld from the Board of Health by sundry physicians, it is impossible to give the exact number of yellow fever cases occurring in our city during the late epidemic; but as reported, we have 23,540 cases, with 4,046 deaths. The latter is necessarily correct, but the former is doubtless a few thousand below the proper figures.

A full list of contributors, amount received, expenditures, etc., will be found in the accompanying Treasurer's Statement. In the disbursement of said funds, as in the distribution of clothing and supplies received, our special aim has been first, to give medical aid and care to the sick, thereafter aiding the convalescent and needy relatives as our means would permit, and to the earnest co-operation of the Homœopathic Physicians and laymen and the liberal countenance of many Allopathic Physicians and laymen are we indebted for the accomplishment of so large amount of work with such limited resources.

For repeated and extended favors the thanks of the Association are specially due to

Hon. Wm. M. Evarts, Washington, D. C.

" L. W. Ballou, Woonsocket, R. I.

New York Chamber of Commerce So. Rel'f Committee.

Citizens of Boston, Mass.

" Worcester, "

" Providence, Rhode Island.

" Pittsburg, Penn.

" Detroit, Mich.

Ladies Southern Relief Society, Newport, R. I.

Homœopathic Med. So's of York & Lancaster Cos., Pa.

Drs. Breyfogle & Pierce, Louisville, Ky.

Dr. Smith's Homœopathic Pharmacy, New York.

Boerick & Tafel " " Pharmacy, N. O.

Angell's " " "

Rev. J. H. McCarty, D. D. "

Gen'l Cyrus Bussey, "

Messrs. J. J. Langles & Co., Commercial Bakery, N. O.
Southern Express Co. “
Western Union Telegraph Co. “
J. E. McDaniels, Esq., Agent Associated Press. “
Orleans Relief Committee. “
Cromwell & Morgan Line Steamships, “
Chicago, St. Louis & New Orleans R. R.
N. O. City R. R. Co.
C. & C. R. R. Co.

We further submit herewith for publication, Circular Treatment referred to, with reports and papers from ten homœopathic physicians who have practiced for and been identified with the Association, and we opine that much information, valuable both to the public and to less experienced practitioners, will be adduced from the writings of these able and most successful members of the fraternity, many of whom have done veteran service in yellow fever epidemics.

In closing this Report we should be lacking in our homage to the humane system of Homœopathy did we not claim for its practice the merit of having reduced the mortality in yellow fever to a rate not greater than that of many other severe diseases.

C. G. FISHER,

New Orleans, La.

Secretary.

December 28, 1878.

TOTAL CONTRIBUTIONS RECEIVED.

Southern Relief Committee of New York Chamber of of Commerce, through Wm. F. Halsey, Esq.,...	\$1002 50
Hon. Albert Voorhies, Agent.....	100 00
Enoch Pratt, Esq., President Farmers and Planters National Bank, Baltimore, Md.,	100 00
Southern Relief Committee of New York Chamber of Commerce, through F. N. Ogden, Esq., V. P. Howard Association of New Orleans.....	500 00
Dr. J. F. Gray, New York through D. F. Kernion, Esq.,	100 00
Albert C. Janin, Esq., through Hon. Albert Voorhies,	25 00
Southern Relief Committee, Pittsburg, Pa., through John D. Scully, Esq.,.....	500 00
Citizens of Providence, R. I., through His Honor Thos. A. Doyle, Mayor, and Hon. E. Pillsbury, Mayor of New Orleans,.....	1200 00
A. A. Roth, M. D., Frederick, Md.,.....	5 00
Henry Sheffield, M. D., Nashville, Tenn.,.....	20 00
Hon. Thos. F. Bayard, U. S. Senator, Delaware, through Dr. T. S. Verdi, Washington.....	25 00
Dr. T. S. Verdi's little daughter.....	10 00
Citizens of Newark, N. J.,.....	500 00
Drs. Breyfogle & Pierce, Louisville, Ky.,.....	150 00
Samuel Bradford, Esq., Philadelphia,.....	20 00
Southern Relief Committee, New York Chamber of Commerce, through J. Pierrepont Morgan, Esq., including contributions from St. John's Church, Tuckahoe, N. Y.,.....	500 00

Relief Committee, Hopkinsville, Ky., through Messrs. G. H. Spiek, J. M. Starling and W. S. Davison,	50 00
Citizens of Augusta, Me., through His Honor Charles E. Nash, Mayor,.....	100 00
His Honor John A. Vincent, Mayor of Springfield, Ill.,	24 80
Lady at Swampscott, Mass., through Messrs. Otis Clapp & Son, Boston,.....	10 00
Southern Relief Committee, Worcester, Mass., through His Honor Charles B. Pratt, Mayor, and Drs. L. B. Nichols, W. B. Chamberlin and others.....	500 00
C. H. Allen, Esq., New Orleans.....	3 00
Citizens of Detroit, Mich., through His Honor George G. Langdon, Mayor... ..	300 00
Citizens of Michigan, through H. P. Baldwin, Esq.,...	200 00
Dr. W. E. Green, Little Rock, Ark., through Dr. Wm. H. Holcombe,.....	150 00
Dr. Frank Bigelow, Syracuse, N. Y.,.....	5 00
Citizens Relief Committee, Brooklyn, L. I., through Ripley Ropes, Esq.,.....	1250 00
American Residents of City of Mexico, through Hon. John W. Foster, U. S. Minister, and Messrs. Geo. Frellsen & Co., New Orleans.....	80 55
Southern Relief Committee, Cincinnati, Ohio, through S. Lester Taylor, Esq.,.....	500 00
John Mussey, Esq., Portland, Me.,.....	50 00
Citizens of Boston, through His Honor Henry L. Pierce, Mayor,.....	2000 00
Hon. L. W. Ballou, Woonsocket, R. I.,.....	200 00
Dr. A. J. Travers, North Brookfield, Mass.,.....	9 00
Young Men's Christian Association, Plainfield, N. J.,..	50 00
Citizens of Hartford, Conn., through His Honor Geo. G. Sumner, Mayor.....	350 00
Emeline Smith, West Haven, Conn.,.....	10 00
Anonymous.....	2 75
Anonymous.....	1 25

Anonymous—J. M. H.,.....	5 00
Drs. H. & J. T. Detwiller, Easton, Pa....	10 00
S. W. Mifflin, Columbia, Pa.,.....	18 50
Homeopathic Medical Societies of York and Lancaster Co's., Pa., through S. W. Mifflin, Esq.,.....	15 00
Miss Sarah E. Bartlett, Westboro, Mass.,.....	53 00
Ladies Relief Society, Black River Falls, Wis., through A. E. Sawyer, Esq.,.....	96 00
Rev. A. D. Carter, Deersville, Harrison Co., Ohio.....	5 77
Southern Relief Committee, Chamber of Commerce, New Haven, Conn.....	200 00
State University of Iowa, Homeopathic Department, through A. C. Cowperthwaite, M. D.....	8 50
John S. Fish, Esq., Marston Mills Mass.....	8 00
Citizens of Utica, N. Y., through Rev. E. M. Van Dusen,	115 29
Miss Mary Leupp, New Brunswick, N. J., through Dr. Samuel Long.....	5 00
Ladies of Mineapolis Chapter No. 9, Order of the Eastern Star, (Masonic) Mineapolis, Minnesota, through Dr. C. W. Putnam.....	260 00
King's Co. Medical Society, Brooklyn, L. I., for needy Homeopathic Physicians, through Dr. W. Irving Thayer.....	83 25
Citizens of Westerly, R. I., through His Honor Thos. A. Doyle, Mayor of Providence.....	200 00
Hon. Wm. M. Evarts, Secretary of State, Washington, D. C., part of subscription of American Resi- dents of Paris.....	500 00
Dr. N. A. Pennoyer, Kenosha, Wis.....	30 00
Dr. S. M. Ramells, Wilmington, Ohio.....	2 00
Medical Societies, Lancaster and York Co's., Pennsylv- ania, through Dr. W. G. Taylor.....	19 00

St. Jacob's Reformed Church, Columbia, Pa., through Dr. W. G. Taylor and Dr. H. S. Kehler.....	16 00
Lutheran Church, Columbia, Pa., through Dr. W. G. Taylor and Dr. H. S. Kehler... ..	19 00
A. L. Chatterton & Co., New York.....	4 00
Anonymous, through A. L. Chatterton & Co.....	1 00

\$12278 16

Messrs. Breyfogle & Pierce, Louisville, Ky., 10 barrels
of Crackers.....

Messrs J. J. Langles & Co., Commercial Bakery, New
Orleans, Sundry barrels and boxes of Crackers,
Biscuits, &c.....

Dr. James B. Bell, Augusta, Maine 2 cases Clothing
Ladies Southern Relief Association, Newport, R. I.
through Mrs. Catherine M. Hunt 33 Cases and
Barrels of Clothing and delicacies for invalids.

Ladies of Urbana, Ohio, through Dr. Hamilton Ring
1 case of Blankets and Clothing.....

Drs. Woodward & Swormstadt, Westminster, Carroll
County, Maryland, 2 Cases of Clothing and del-
icacies for invalids.....

Greenswood Co., New Hartford, Conn., through R. R.
Smith, Esq., 1 case of Clothing.....

Smith's Homœopathic Pharmacy, New York, for lib-
eral donation of Medicines and sundry other
benefactions.....

H. L. STEVENSON,

Treasurer.

SUMMARY.

NEW ORLEANS HOMŒOPATHIC RELIEF ASSOCIATION.

IN ACCOUNT WITH TREASURER, DR.

For Physicians Bills including Laymen service.....	\$2388 00
“ Needy Homœopathic Physicians donated by Kings County, Medical Society Brooklyn, L. I., for this special purpose, through Dr. W. Irving Thayer, Brooklyn, L. I.,.....	83 25
“ Nurses.....	2322 00
“ Medicines	94 38
“ Sundry Cash Disbursements for Charities, &c....	1066 15
“ Blankets, Sheets, Mattresses, Men and Women’s Clothing, Shoes, &c.....	1086 22
“ Butcher’s Bills for Meats issued to sick and desti- tute	841 75
“ Baker’s Bills for Bread to sick and destitute. ...	809 25
“ Groceries, Milk, &c.....	392 75
“ Cab and Carriage Hire.....	1103 50
“ Rent, Gas, Fuel, Freight, Cartages Labor and Sun- dries.....	327 40
“ Postage Stamps, Telegrams, Exchanges, Newspa- pers Advertising, &c.....	207 48
“ Funeral Expenses, Printing and Stationery.....	190 55
“ Ale, Brandy, Whiskey, Wines, &c.....	194 60
“ Office Expenses, Clerks, Messengers, &c.....	949 82
Reserved for Printing Report of Association, &c.....	221 06

\$12,278 16

Cr. By Cash Received from Donations. . \$12,278 16

E. & O. E.

H. L. STEVENSON,

Treasurer.

New Orleans, December 28, 1878.

CIRCULAR.

HOMOEOPATHIC TREATMENT.

--OF--

YELLOW FEVER,

ISSUED AND DISTRIBUTED WITH MEDICINES BY THE HOMOEOPATHIC

RELIEF ASSOCIATION DURING THE EPIDEMIC OF 1878.

During an Epidemic of Yellow Fever many die because they fail to apprehend the nature of its early attack—often considering the same the effect of a cold, biliousness, etc. The true plan is, to consider any departure from health as the commencement of an attack of Yellow Fever and take in hand at once. If it prove only a cold biliousness, etc., no harm is done—if it be the fever, much is gained, as the best time to treat and control Yellow Fever is in its first stages.

In the temporary absence of a physician the following directions observed, will place the patient in a proper line of treatment at the onset, and, under subsequent advice of the physician, be additional assistance in attaining successful results.

At the first indications of the fever, the patient should be placed in bed, a hot mustard foot bath given, and, if constipated, an injection or light purgative administered. At the same early stage or attack, even before above treatment is commenced, dissolve four drops of Aconite in a half glass of water, giving patient one teaspoonful every half hour in *alternation* with a *similar* solution of Belladonna.

Continue the Aconite and Belladonna for twenty-four hours, when Bryonia should be substituted in similar solution, dose and time, until the fever is gone. Ice water, orange leaf tea or lemonade may be freely given in the early stage of the fever.

When the fever passes off, careful watch should be had for indications of sickness of the stomach and special weakness, for which Arsenicum, in solution and dose as above, should be given every half hour.

Diluted champagne, whiskey or brandy may also be given one spoonful per hour, if patient sinks with excessive weakness.

Should there be *suppression* of urine, the tendency to which should be carefully noted, give Stramonium and Cantharides in alternation every half-hour—solution and dose same as previous medicine—and paint the back of the patient in the region of the kidneys with spirits of turpentine.

For *retention* of the urine—when it is secreted by the kidneys, but the bladder fails to pass it off—give opium, first dilution, four drops in half glass of water, one teaspoonfull every half hour till the discharge is effected. In some cases it is necessary to draw the water with a catheter.

Should black vomit ensue apply ice to the pit of the stomach, giving Arsenicum every half-hour or hour.

If the head becomes hot and dry apply cold cloths frequently, and if the skin of the body and limbs remain very hot and dry, sponge with warm water under cover of the bed clothing.

The nurse should carefully observe the following cardinal points, i e.

Place the patient in a recumbent position as soon as possible and not allow the head to be raised from the pillow for five days. Stimulate perspiration immediately and keep up same in some degree continuously. Keep the room ventilated, but of even temperature, permitting no current of air to reach the patient. See that the patient is kept covered but never burdened by an excess of clothing.

Do not disturb the patient when sleep to give medicine, or for any other purpose. Give no nourishment until the fourth day, then only commencing with a teaspoonfull of bread toast, barley water or thin gruel every hour. When patient becomes stronger, or some hours later, increase the quantity to one tablespoonfull.

On the fifth or sixth day give chicken, beef or mutton broth, one tablespoonfull every two hours, increasing the quantity if retained on the stomach and as patient gains strength.

Permit no unnecessary person in the sick room—guard against excitement and encourage cheerfulness. The patient must not be considered free from possible relapse for twelve days after the fever is broken.

The different effects produced by Yellow Fever on various constitutions precludes the special application of any general rules of treatment to all cases. Hence, the early attendance of a physician is always desirable.

JAMES G. BELDEN, M. D.

New Orleans, Aug. 20th, 1878.



To the New Orleans Homœopathic Relief Association.

GENTLEMEN :

Having been absent from the city, and confined by sickness to my room at Biloxi, Miss., during most of the past summer, my experience in the late yellow fever epidemic was limited to a few cases in Biloxi, twenty-one in number, all of whom recovered. Their amenability to treatment would have led to the conclusion that the disease was of a very mild type but for the daily reports of deaths under Allopathic treatment, of which I am informed there was over sixty.

The progress from disease to health was so certain and regular in my moderate practice that it has greatly confirmed my confidence in the universal success of Homœopathic treatment, when commenced early and conducted under favorable conditions, as it renders Yellow Fever individually a far less to be dreaded and dangerous disease than Typhoid or even some forms of Malarial Fevers.

I am probably the oldest Homeopathic physician in the South, having adopted that practice in 1844, after eighteen years of Allopathic experience, and have universally relied on the adopted practice in treating yellow fever since 1854, and always with increasing confidence and success. In 1867 we had forty-four cases in the Protestant Orphan Home, on 7th street, attended by my son, Dr. S. M. Angell, without a single death; treatment

having commenced early, and the conditions for its perfect continuance favorable.

My general treatment of the fever during the late epidemic was substantially the same as in former years, Aconite, Belladonna and Bryonia in the first stages, the last in place of the second named, when the stomach was principally affected. In the second stage, Bryonia, Ipecac, Arseneum and Tinc. Cantharides, the latter proving very effective in suppression of urine, given either alone or in alternation with Bryonia, Arsenicum or other indicated medicines.

In the black vomit stage I used, at the suggestion of my son, Plumbum Acet, with highly satisfactory results.

To relieve an overloaded stomach at the earliest stage of the disease, emetics may be used but purgatives never, as I deem it inexpedient to promote irritation when the system is about to undergo so severe a contest as is liable to result from a yellow fever attack.

To relieve excessive nervous restlessness, sponge-baths of warm water, carefully applied over the entire body, and especially the extremities has proven highly efficacious; cold water to quench thirst I use freely, administered in small quantities, but its use, or that of ice, as an application for the stomach, throat, or head, I have never believed to be desirable.

My habitual course of nourishing yellow fever patients is to give, in small quantities, at consistent intervals,—if called for—after the first stage, any palatable light food that is susceptible of easy digestion.

COL. C. G. FISHER,

Secretary of the Homœopathic Relief Association.

In submitting this report of my feeble efforts and observations in the recent epidemic of yellow fever, I beg leave to state preliminarily that in the hurry and confusion consequent upon an unusual pressure of professional duties I was not able to keep an exact daily record of all the cases received in their order ; but had to take as many as I could from the daily charges in my Physician's visiting list. I have not included any doubtful cases, but have carefully rejected all such where there was any doubt in the diagnosis at the beginning, or during the course of the disease. As far as I could collect my cases from the above named source I have made a list including name, age, color, and nativity of each individual case, and reported the same to our Board of Health, since the epidemic ceased. This detailed report, summarized, gives a total of 265 cases and 13 deaths ; which latter had been reported in the form of death certificates as they occurred.

For six weeks before the appearance of the yellow fever, we had an epidemic of malarial fever, consequent upon the extreme wet and warm weather which had prevailed. This malarial fever was not limited to the city and its suburbs, but extended through the parishes on the Mississippi and Red Rivers, North Louisiana and most of the State of Mississippi, even to the borders of Alabama and Tennessee. Both in the city and throughout the entire range of its prevalence, it showed a remarkable

tendency to congestion. I had attended upon some thirty or forty of these cases, all of which recovered, without any suspicion of yellow fever. About the 10th of July, a case occurred in the Ackerly family, No. 123 Terpsichore St. This was similar to other cases that I had met with, terminating in recovery. A second case soon occurred with the same result. On the 18th a third case—a daughter about fourteen years old—was taken down with similar symptoms as the two preceding, but with a much stronger tendency to congestion. This case died on the fifth day after the attack from congestion of the brain, with no well marked symptoms of yellow fever during life, but rapidly turned yellow after death. Whether this was a case of yellow fever is an unsettled question in my mind; if it was so, it was my first case. Many cases of genuine yellow fever appeared in the neighborhood soon after, but as I had attended two cases in the same family and several in the immediate neighborhood, preceding this case, all terminating in recovery, and without any symptoms in this, differing from my other cases of malarial fever, that I had attended for six weeks preceding with the exception of a stronger congestive tendency, I could not concede that it was a case of yellow fever, and accordingly gave a certificate of malarial fever.

My first unmistakable case was Mr. G. Case, a clerk with sedentary habits and a dyspeptic. He was taken sick on the 26th of July with unmistakable symptoms of yellow fever at the start, and was reported as such. The disease ran a natural but severe course. On

the eighth day convalescence commenced, and on the thirteenth day he was able to dress and sit up a part of the day, and the subsequent three days was steadily improving; when he was siezed with congestion of the brain and died in four or five hours. I attributed this to the fumes of carbolic acid which was being sprinkled at the time to a degree almost suffocating. During the course of this case others occurred rapidly, and it soon became epidemic; although the Board of Health seemed to have such implicit confidence in carbolic acid as a disinfectant, and through it to arrest the progress of the disease, they neglected to pronounce it epidemic until it was very far advanced.

I believe it is conceded by most experienced physicians, amateurs and nurses that our yellow fever epidemics differ considerably in some of their characteristics; hence we hear it stated by a few that our last was not yellow fever. But there are enough symptoms always present in each to identify it unmistakably. It is not expected that all of the characteristic symptoms will be present in each and every individual case; nor that they will all be present in a relative degree in every succeeding epidemic. The most remarkable differential characteristics, distinguishing it from most other acute diseases is the suddenness of its onset, with complete loss of digestive capacity, its rapid progress, and its quick termination; contrasting it with such a marked distinction from its cousin german, typhoid, which produces,

seemingly, somewhat similar disorganization of the blood and other tissues, but in a much longer time.

In families which I attended and where there were subjects not yet attacked, I was able to watch carefully for the premonitory symptoms of those not yet siezed, in none of which could I discover any premonition up to two or three hours before the onslaught commenced. So different from typhoid; the patient during the two or three hours antecedent to the attack seemed to enjoy an unusual exuberance of health, amounting to hilarity, until quite suddenly he would be siezed with a rigor and great languor; soon nausea would set in, and usually if there was any undigested food in the stomach it would be ejected, which would be followed immediately by a most violent febrile reaction and the disease was fully developed—all within the period of an hour or two. I always have favored the ejection of all crudities from the stomach at the onset of the attack, although surrounding parents and friends were in a tremor of expectancy of the dreaded black-vomit at the very start. If the patient had just eaten a hearty meal and the stomach—as is always the case—had become incapacitated to digest any food, it must be ejected at once, or remain a dead load and consequently a local irritant in the very organ that we are the most anxious, next to the kidneys, to preserve in its integrity so far as we can. A single case will illustrate. A family of four children with acclimated father, mother and other members, all familiar with yellow fever and in circumstances to use every means of a

hygienic nature, had the first case in the oldest daughter (eight years old) a severe case, but was convalescing—in fact was nearly well. In the meantime an infant, one year old had a light attack and was recovering—but to my illustrative case: A boy three years old, naturally stout and hearty, some ten days after his sister was taken sick, and after a quiet night's sleep, was dressed between six and seven A. M. and was noticed to be in an unusually jubilant state of mind and body; so much so as to be remarked by the different members of the family. He ate an unusually hearty breakfast of mutton chops with gravy, grits, hot biscuits &c. After an hour or two of what seemed to be the most pleasurable excitement, he was suddenly seized with a rigor and intense languor. He was immediately put upon the use of Aconite—five or six drops in half a tumbler of water, a teaspoonfull of the solution every half hour according to previous directions in the anticipated emergency.

I saw him at 11. same morning, found him covered with a sheet and a single flannel blanket, with a raging fever but with a pleasant moisture of the skin; the effect of the Aconite already given; blood temperature, 105, F., very restless, frequently trying to vomit but without success. Learning of the hearty breakfast which he had eaten and seeing that the spontaneous efforts to eject it were not likely to be successful, I prepared a strong mixture of mustard and salt in water to drink, to get rid of it by emesis, but with no satisfactory results: no crude substance was ejected from the stomach to my

great disappointment. Enemas were then administered twice each day; the Aconite and other remedies indicated by the symptoms being given in the meantime; when the bowels began to act, which was not until the fourth or fifth day, in spite of the enemas, the clods of fecal matter worked up in a watery solution disclosed the meat fibre, grits and other food in the same condition as when ingested; showing the absurdity of trying to suppress vomiting at the onset of the attack by applying mustard poultices to the stomach, ice to the throat, &c., when vomiting is just what is most necessary. My little patient made a slow convalescence in spite of the unfavorable conditions; but had the natural efforts of the system alone, or with my assistance been able to rid the stomach of its crude contents, I am satisfied it would have been a slight case instead of a very dangerous one.

Another feature of this disease it seems to me, does not receive the attention due to it by the profession, that it justly deserves: namely: the black-vomit. What is black-vomit? Every physician who has attended upon many yellow fever patients is familiar with it and very naturally dreads to see it. It is very easy to answer this question by saying, it is a hemorrhage of the stomach, and that the blood meeting with an acid (hydrochloric) changes it and gives it a coffee grounds character. The cautious enquirer will not be satisfied with this solution of the question; but will wish to know why this hemorrhage into the stomach should take place unless the blood had already undergone a change from the Physiological to Pathological condition.

By following up this inquiry we will soon perceive that the fault is in an altered condition of the blood, it has lost its plasticity, and can percolate through membranous tissues; in fact a hemorrhagic condition exists, purely from a faulty condition of the blood. Probably every physician who has attended any considerable number of patients during the recent epidemic, more especially, has observed the peculiar appearance of the blood from any abrasion of the cuticle, mucous membrane, or a hemorrhage from the nose which was so very common. It had an entirely different appearance from healthy blood, even to the unassisted eye.

In the year 1855, I had the pleasure of assisting my revered professor of chemistry, Dr. Riddell, of the University of Louisiana, in examining microscopically many samples of blood taken from patients in all stages of yellow fever, from the first day of the attack until death, in our Charity Hospital, in post mortems one hour after death; in all of which a degenerative process of the blood corpuscles seemed to advance from the first day of the attack until death. At first only a slight shrinkage of the corpuscles was observed; next corrugated edges advancing in degree day by day until they became serrated and the entire body of the corpuscle was shrivelled to one half or less its natural size—evidently dead. In the later stages of the disease a nitrogenous process seemed to set in in many of the tissues, and fat globules could be squeezed from the heart, muscle, the liver and other tissues. But

more especially to the point which I wish to enforce is the appearance met with, of an implantation, growth, and development of a variety of the fungus family in the blood, what seemed to be a yeast plant resembling somewhat our common yeast (*torula cerevisea*) was a distinguishing feature in all stages of the disease but more and more abundant and developed as the disease progressed.

To account for the suddenness of the onset of the disease from a state of apparently perfect health to a most furious fever with a blood heat of 104 or 105 F., with most intense pains in the head, back, &c., excessive nausea and restlessness, in some cases its opposites—stupor, all within a period of an hour or two; and the rapid subsequent changes in the constitution of the blood during the following two, three or four days; we must certainly seek for a cause beyond the existence of mere animal germ growth—the process is too rapid to be accounted for by these means. The development and growth of animal germs requires a much greater length of time and so far as we now know, we have no illustration of so profound a change in the constitution of the blood as is produced by the yellow fever process. If we instance *trichinæ spiralis*, or any other animal parasitic growth we shall not observe such wonderful changes in the constitution of the blood in so short a time. But in the fungus growth as instanced in the ordinary process of fermentation all the conditions will be readily accounted

for so far as the rapidity of the process is involved; in which the animal germ theory most signally fails.

Besides I doubt whether any experienced microscopist, with his powerful instrument, will admit that any animal parasitic germ, in its growth and development could possibly escape his vision.

As to the diagnosis of yellow fever very little can be learned except at the bed-side. We may mention the suddenness of the onset, the peculiar suffusion of the eyes (a very marked diagnostic symptom), the pains in the head and back, and sometimes in the knees, the irritable stomach, &c., but it has to be seen to be fully appreciated.

As to the treatment it is very simple if we take a comprehensive view of the Pathological process. A poison is generated in the blood; the vital forces of the system—*vis conservatrix naturæ*—are aroused to drive out the invader, which takes the form of a fever more or less violent in proportion to the vitality of the patient, and the gladiatorial conflict rages. The duty of the physician is to sustain the vital forces by gentle means, not by excessive increase or decrease of heat appliances, as piling on blankets on the one hand, or ice on the other, lest we paralyze the efforts of nature in the conflict. But we come in as a conservator to assist the vital forces. If we pile on blankets and produce excessive sweating, we exhaust our patient; if we make cold applications to forcibly lower the temperature, we run counter to nature's efforts; but with the use of Aconite we shall obtain a gentle moisture of the skin, and with a light covering to admit of ready evaporation, we

shall assist nature in the conflict. If there is a dry burning heat of the skin that Aconite does not overcome, frequent sponging with vinegar and water should be applied to relax the pores. If, after we are satisfied there is no undigested food in the stomach, and there should be nausea and painful retching, give Ipecac or Bryonia in alternation with the Aconite. If the urine becomes scanty, with excessive restlessness; give Cantharis (6th or 12th dilution; not less) or the sweet spirits of nitre in from five to twenty drop doses in alternation; which may be assisted by warm poultices of hops and flaxseed meal over the region of the kidneys. But by no means resort to the use of fly-blisters or the spirits of turpentine over the kidneys to remove an acute congestion of these organs, (See Zeimssen's *Encyclopedia of Practical Medicine*, Vol. xv. Pg. 190 to 195,) which will be certain to aggravate the difficulty.

By the remarkable metamorphosis of the tissues, which characterizes this disease, an unusual amount of labor is required of the kidneys to carry off the excessive amount of urea (hydrated cyanate of ammonia—a deadly blood poison) which results from this process; and if they fail. uremic convulsions and death must necessarily follow.

The black vomit is not essentially a fatal symptom, as previously stated it arises from a profound change that has already taken place in the constitution of the blood through the yellow fever process, which has impaired its plasticity, as is expressed by the hemorrhages from the gums, throat, nose, and all abrasions of the cuticle or mucus membranes. To remedy this evil we naturally seek

for astringent remedies—not alone to constrict the capillary vessels, but to arrest the process of the dissolution of the blood.

In the epidemic of 1867 I introduced the use of nitrate of silver, in doses below the nauseating point; and it afforded such gratifying results that I have not used any other remedy for this purpose. Other physicians have used ergot, acetate of lead, &c., and claim to have equally good results. Either of these remedies may be given in occasional doses as an intercurrent with any other medicine indicated in the general course of the disease as a precautionary measure without waiting for the full development of black vomit. If however the disease has reached this stage, we must depend upon one of these, or other astringents in alternation with arsenic in palatable doses, owing to the extreme prostration attending it. At this stage much depends upon introducing nourishment into the system. But here we are confronted with the fact that the stomach has but very little power to digest food. To meet this difficulty there are certain articles of food that apparently require no digestive process—notably Ducro's Elixir (expressed juice of raw beef, with enough brandy to preserve it,) which enters the system by absorption through the stomach, and is assimilated without any real digestive process. Enémas of strong beef broth assist us greatly in those cases.

Finally the convalescence must be watched with great care; a little imprudence will overthrow all the advantages we have gained by the most careful treatment and nursing; and sometimes we will be grieved—yes, I may say, really vexed at the loss of our patient in whom we had taken so much interest.

WALTER BAILEY, SR. M. D.

HOMEOPATHIC RELIEF ASSOCIATION—

Gentlemen :

In writing of the Yellow Fever Epidemic of 1878, certain peculiarities of the summer are to be noticed, that accompanied, and may have had something to do in producing the disease ; first, there was almost an entire absence of wind during the months of July and August ; and the nights, instead of being breezy and refreshing, as our nights usually are in summer, were hot and stifling, the thermometer frequently standing at 91° F. at 8 P. M., though the temperature of the day was not so warm, by three or four degrees, as in former years. Again, there was a strange absence of thunder storms, but one of any note occurring during the entire summer.

The disease this year, was of a peculiar character, differing in several respects from that of former years. The type was less inflammatory, there was less pain in the head and limbs, and although apparently less formidable, was in reality more treacherous than in any epidemic I ever remember. There was great tendency to congestion of the kidneys, suppression of the urine being a very common symptom, Black-vomit was also of unusually common occurrence, often appearing without warning ; though it does not necessarily follow that the discharge of black-vomit should be attended in all cases with premonitory symptoms. So far from this I have noticed in a great number of cases, not only this summer, but in former epidemics, that the retention of the muscular power, in-

tellectual functions, self-possession and courage, were peculiarly great at a time too when every other symptom would lead us to fear the approach of death; and again frequently I have seen this discharge make its appearance without the slightest premonition, and unaccompanied by any other dangerous symptom.

I was attending a child, aged nine, who had apparently, a slight attack; the morning of the third day she was without fever, pulse 80, skin moist and cool, tongue healthy, eyes clear, no headache, said she felt well, and wanted to get up, an inexperienced person would have pronounced her out of danger, and allowed her to be fed, &c. Being acquainted with the deceitful nature of the disease, I advised abstinence and rest. The attendant reported that at 12 M., she fell into a quiet healthy sleep, at 2 P. M. she waked, and commenced throwing up black-vomit. I saw her about 3 P. M., applied the usual remedies, and she made a happy recovery. The peculiarities of this formidable symptom, are very remarkable, but fortunately for the sufferer, medical science has made an advancement since the dark days, when it was considered necessarily a fatal symptom.

In my experience, during the late epidemic, more than two-thirds recovered: I have seen a patient throw up blood, bee's-wings, strong coffee, coffee grounds and all the different varieties of so-called black-vomit. Black-vomit is nothing but blood that has been exuded from the muscus membrane of the stomach, and changed by the gastric juice: Its appearance and character depending

upon the time it has lain there, and upon the character of that juice.

Another peculiarity of the epidemic of '78, was the unusual number of children attacked—particularly of children born here ; I know there are physicians, who declare that those born here are not subject to the yellow fever : but my experience in this disease, extends over a period of thirty-one years, and I confidently assert that I have attended a large number of veritable yellow fever patients, who were never out of this city during this last epidemic I attended some three hundred cases personally and I also prescribed for one hundred other cases through the medium of friends, who brought to me descriptions of their condition, and daily account of the progress of the disease. I lost sixteen cases altogether ; could I have visited them all, the loss might have been less, but in the tremendous pressure of business it was impossible to give to each case the attention it deserved ; among the whole number treated, some eight or nine were colored, all of whom recovered. It may be remarked here, that in making up yellow fever statistics, attention should always be paid to the number of colored patients : since the negro has the disease so light that my theory is, none need die if properly nursed and treated. The remedies which I found most useful in the late epidemic, were Aconite and Belladonna in the earliest hours, Bryonia during the second, third or fourth days ; but I found that Belladonna seemed more necessary than in former years, and Bryonia less necessary than in 1853, '54, '57 and '58. Ar-

senicum was the remedy *par excellence* during the typhoid stage, and I believe we have no remedy more efficacious in this disease than this,—in black-vomit it is invaluable. As a prophylactic I have some confidence in it. Some two hundred persons took it by my advice and although some of them had slight attacks, but one died, and that was a person sick in the country, who was supposed during the first two days of the illness, to be suffering with an attack of intermittent fever, and treated for this, until suppression of the urine, and black-vomit, taught the inexperienced practitioner his mistake in diagnosis. Gelseminum was often used in the first days. In suppression of urine, Stramonium and Cantharides were of excellent service. In retention of urine, Opium achieved magical results. Lachesis also acted well.

There have been so many theories with regard to the contagious or non-contagious power of yellow fever : that it would be well perhaps to adduce some of the proofs on both sides of the question. It is a question of immense importance at the present day, as a decision upon it, affects seriously not only the health and lives of our people, but the health of our commercial life : which must be sacrificed of course if necessary to rid our shores of this pestilential visitor from foreign ports ; but which it would be folly so to peril, if it can be proven that instead of a foreigner, the dreaded messenger of death is born and bred beside our own hearth-stone. In the first place let us consider the proofs in favor of contagion.

It is a notable fact that yellow fever (so far as I am

able to discover) invariably begins in a sea-port town never far back in an inland place, and almost invariably in the neighborhood of the wharves or shipping, it also spreads rapidly though confining itself sometimes for weeks to that immediate vicinity. This is not only a fact within the knowledge of all in our city, but it is also a fact as regards all sea-port towns, Mobile, Charleston, Philadelphia and New York, as far back as 1791.

The thought arises, in the mind of a believer in non-contagion, that this fact is owing to the other conditions of these localities, much more dangerous and quite as apparent as their proximity to foreign vessels. But as an offset against the probable implication of filth and bad ventilation in these localities being an assistant, or as some even assert, a producer of this deadly disease; we would mention a case which occurred in 1798, when it was introduced into the village of Germantown, situated on high ground about five miles from Philadelphia, by a woman who had been for some time in the city; from this person it spread to several of her family and the neighbors, though all were peculiarly remarkable for their cleanliness and the extreme neatness and general healthfulness of their surroundings. (See additional facts by the College of Physicians.)

It is a fact strongly in favor of the contagious character of yellow fever, that epidemics have been traceable to intercourse with contaminated vessels, or individuals, or coming in contact with clothing which has been used by the sick, or dead.

We have many cases on record, where a strict quarantine against such sources of infection has been maintained, and the fever had failed to make its appearance: but, can we decide whether from this cause, or some other? New York and Philadelphia kept a strict quarantine against us this summer, and notwithstanding a few cases crept in: what was the consequence? An Epidemic? We all know that these individuals died or recovered, without in a single instance, the disease spreading. Does not this prove that something more than the mere introduction of fever into a locality is necessary? but what is necessary? That is the question—not mere filth and bad ventilation—even in a settlement infested with yellow fever; for the Dock-yard of Gibraltar is situated under the line wall, and a very offensive drain passes through it, and in addition to this, there is a stagnant piece of water, in which boats are hauled up for repairs, which has three or four feet of mud in it, and receives a great part of the filth of the shores at the south, emitting a very offensive effluvium; yet we read that during the sickness of 1813, there were 500 persons confined there, and not one case of yellow fever occurred.

We have all noticed—and perhaps it may be adduced as another proof of the contagious character of this disease—that when it first makes its appearance amongst us, it is almost entirely confined for weeks to one locality; and that it has been carried, apparently, from that locality by persons who frequent it. Some have sought to prove its contagiousness, by the protection which one at-

tack affords against another ; but if this theory is advanced in favor of contagion, the fact to the contrary, which, as many advocate, would be as strong a proof in favor of non-contagion ; though, perhaps, the fact that individuals are liable, sometimes, to a second attack, is an exception that only proves the rule. The proofs in favor of the contagious character of yellow fever might be very much extended ; but as my proofs of non-contagion are still more numerous, I must not spend more time in discussing this side of the question.

In the first place : since the year 1793, in all epidemics, the fever has steadily diminished ; if a contagious disease, why should this be the case ? Some may say it declines for lack of material ; but this is not so : for after it has reached a certain height, it invariably declines, in spite of there being thousands of unacclimated persons within its reach.

Again, certain conditions of the atmosphere never precede a contagious disease. Small-pox or cholera cannot be predicted by any meteorological states ; but, on the contrary, yellow fever seems to depend upon certain meteorological conditions, and if not produced, at least can almost surely be predicted by them. The yellow fever has seldom appeared any where without having been preceded by prolonged heat and peculiar electric conditions of the atmosphere, together with certain local circumstances, liable to produce disease at any time.

It has been found by the records of former years in this city that whenever the earth has been turned up and exposed

to the heat of the sun in summer, it has been followed by an epidemic. In 1793, when the ramparts were built, and ditches dug around the city, an epidemic followed. When the canal was dug, when the basin Bayou St. John was excavated, when the foundations of the Custom House were laid, epidemics followed. In 1837, when many new buildings were erected, and new streets cut through; large quantities of fresh earth being thrown up, and exposed to the rays of the sun, an epidemic followed. During the past summer streets and gutters were in an unusually filthy condition; vacant lots were filled up with garbage and fresh earth, garbage and other objectionable material were dumped in Tivoli Circle, for the purpose of forming the Lee Monument.

Numerous ponds were left undrained along the levees, partly filled up with rice chaff, dead animals and other refuse matter calculated with the stagnant water under a sun of 145° to generate a miasma full of poison.

In order, as it would seem, that the full effect of the poison eliminated, might be brought to bear upon the inhabitants of this doomed city, the authorities, unfortunately ordered these ponds drained, consequently causing the poisonous miasma to be evaporated and carried up into the atmosphere; the wharves also were denuded of their plank covering, and the unimpeded evaporation of the accumulated filth there, and the more thorough poisoning of the air breathed daily by our people, was the natural consequence.

While the summer was not unusually hot, the highest temperature being 96° ; owing to the almost entire

absence of wind, the nights were very uncomfortable; the small amount of electricity was another noticable feature.

These circumstances had undoubtedly a great deal to do with the prevalence, virulence and fatality of the epidemic.

During my thirty-one years residence in this city, I have never seen a summer without some fever. In the famous Butler year, there were but two cases, owing perhaps to the extreme cleanliness of the city, but who shall say, not assisted materially, by heavy storms of thunder and wind.

It is true though an epidemic. frequently follows the arrival of a vessel, or vessels from an infected port, known to have yellow fever patients on board; it has been known in many instances to have broken out, where no such communication with infected ports had been made or were possible. The occurrence of fever at Memphis in 1828, and at Natchez in 1823 are proofs of this.

La Roche, in speaking of these facts says, some zealous contagionist will insist that the vessels which left the tropical ports prior to the fever, may still have introduced the disease into this country, or Europe by transporting the contagious germs, derived from some sporadic case, and which had lain dormant since some preceding epidemic season, they may say also, that if the disease could not from want of means of transportation have been introduced in extra tropical ports directly from an infected place within the tropics, it may have been so in an indirect manner, the disease having been brought already

formed or in its germinal state, into some other place, with which the one subsequently infected has communicated.

But in the former case the explanation is founded on the admission of facts, the correctness of which is far from being proved, the transportation of contagious germs, their derivation from a few solitary cases, (the very occurrence of which is doubtful), and their lengthened preservation from one epidemic to another.

In the second place, it would be necessary before recognizing the validity of the explanation, to show that arrivals in the neighboring ports, from infected regions, had in every instance taken place. That it has not done so is proven in the history of the epidemic of Cadiz, for on that occasion no vessel capable of introducing the disease arrived in that or any neighboring port.

With regard to our epidemic of last summer, it is well known that notwithstanding the most extreme precautionary measures were taken against the introduction of the fever into one of our lake shore towns,* it made its appearance there long before it visited Biloxi, notwithstanding that was the terminus of the Railroad excursionists trains, and hundreds every Sunday went there from our infected city, where thousands lay ill and dying, and if there is any truth in the theory by contagion, surely that was a time to prove it.

But instead of the first car load bringing over devastation and death, as it should have done, to verify this belief, week after week passed, and the pleasant little

* Ocean Springs.

village continued to remain a safe resort for relaxation and rest for the weary watchers by sick beds, for convalescents and all who were seeking new life in the revivifying breezes from the Gulf, or the fragrant breath of the piney woods; and not until the electric conditions of the atmosphere favored its development did it make its appearance there. Hundreds "reeking with contagion," to use a favorite expression, had failed to bring it, though so many have jumped to the conclusion that an undefined case of fever, arriving on the "Emily B. Souder" was the cause of our late epidemic, that the idea has almost become an unquestioned fact.

If it were necessary for the "Emily B. Souder," or some other vessel to bring the yellow fever to our city, why do we not have an epidemic every year? Surely vessels arrive continually from the West India Islands where this disease always exists; and yet season after season passes without an epidemic. A few cases may be brought to our city, but they do not spread the disease, no alarm is created, nine-tenths of the people do not even know that there is a yellow fever case in the city. Why? Because it is not contagious: there are many other conditions necessary for its propagation besides its mere introduction into any place: many instances have come under my notice in my own practice, that should convince the most sceptical of the non-contagious character of this disease.

In 1853 I attended a woman who had lived in New Orleans for over thirty years, had nursed the yellow fever again and again and seen it in all its phases, always es-

caping the danger herself, until that year, when she took the fever, had black-vomit and died.

Again in 1853 I attended a large family who all had the fever except two, who escaped though they were with the others day and night, not only exposed to the disease in every form, but exhausted with watching.

Last summer my own family presented like cases, four members having the fever, while two escaped, though much more exposed than the four attacked, as the latter watched with the former from the first, even at times, sleeping in the same bed with the former; all were equally unacclimated, this being the first season they had ever been exposed to yellow fever.

Similar instances I could duplicate by scores; but in my opinion, those who need further proof to substantiate the fact of the non-contagious power of yellow fever, have already made up their minds not to be convinced.

It is a fact that in all countries where yellow fever is epidemic, the thermometer never falls below 60° , proving that heat is necessary for its development: it is already well understood that heavy frosts kill it: though epidemics cease in those countries where frost of course never occurs, as they have frequently been known to do in this country, before the accession of frosts.

Surely we have never had more reason to look, for an entire extinction of the disease, than this winter, for we have never had colder weather; and yet in the latter part of December I was creditably informed a man died of black vomit—a child also who had been kept out of the city

until after Christmas, to avoid the fever, was attacked a few days after arriving here.

But instances like these do not disprove the theory that frost kills the poison; these persons probably came in contact with an atmosphere which had not been exposed to the frost—more natural is it to regard the *general* extinction of the disease by frost as an evidence that it proceeds from some cause existing in the external atmosphere or in the earth, rather than in the exhalations from diseased persons, producing the effects of personal contagion, which must be apparent from the fact close that confinement in a sick room, where the frost never penetrates, and where the nurse is in constant contact with the diseased body, does not necessitate the certainty of contagion: on the contrary hundreds of instances have been known where entirely unacclimated persons have associated closely with the sick without being affected at all, and others, though never exposed to personal contact with a yellow fever patient, but breathing the air of an infected district have taken the disease.

We could quote numerous instances where yellow fever patients have been carried beyond or out of the infected localities without harm to the people brought in contact with them, or without spreading the disease in the healthy districts or countries: but it will be sufficient at this time to recall the facts within the knowledge of all—our space is too limited to admit of any more satisfactory notice.

Why if it were possible for the disease to be imparted by contact with infected persons or clothing, did it not spread in New York, in St. Louis, in Cincinnati this last summer? To all of these places yellow fever patients were carried from here. Why if our epidemic was caused by one yellow fever case, or two, or half a dozen brought here by the "Emily B. Souder," or any other vessel, did not the same number carried into those cities produce epidemics there? The answer is ready and natural; because we do not need any visitor from foreign ports to bring us this pest, we have it in the bosom of our own soil, and only need certain hygrometric and electric conditions of the atmosphere, ~~condense~~ an absence of wind, a sufficient quantity of humidity (without thunder storms) a lack of ozone in the air—plenty of filthy gutters, rotten vegetables *ad nauseum*, and we can have the yellow fever at any time if all our foreign friends neglect us, and never send another case to our shores.

JAMES G. BELDEN, M. D.

New Orleans, La.

N. O. Homœopathic Relief Association.

GENTLEMEN :

I herewith submit my report of fever cases treated during the late epidemic, with name, age, sex, color and result of treatment; which in total, numbers 350 cases of well defined yellow fever, with 75 cases not so well defined, but which I believe to have been more or

less influenced by the prevailing poison. From said combined numbers my aggregate loss was 36, a mortality of 10 per cent; but of that number 14 patients, namely McGuire, Patterson, McGurk, Pyott, Mrs. Glass, and son, Newhouse, Benzie, Kron, Owens, Pendergrass' two children, and Ludlow's two children were dying or unquestionably in a hopeless condition when I was called in.

Five other cases—Gillis, Young, Smith, Klocke and Irwin—were lost by inconsistent proceedings totally contrary to my instructions; and one case directly committed suicide by taking poison. Had I refrained—as many Physicians did—from giving death certificates for cases which died without having been actually under my treatment, my loss by fever during the epidemic would have been but 21, and I do not consider that Homœopathy can be held responsible for the first named death rate, as in none of the 14 cases mentioned was I called in time to gain any control of the patient by medication, and hence our practice had no more to do with their demise than it had with the one mentioned who committed suicide.

Considering the general characteristics and the usual fatality of yellow fever among the Italian residents, my success among them during the late epidemic is somewhat noticeable. So virulent and fatal has been this disease with that nationality heretofore under Allopathic treatment, that all such had an abject dread of a Physician, and were universally disposed when attacked to hold themselves aloof from all medical treatment and let the fever take its (with them) universally fatal course: hence

it was only with the most strenuous exertion that I could induce them to accept and apply our treatment, but when such was accomplished, it proved highly effacious, as out of 49 cases of said nationality I lost but one. To have broken down the barrier of doubt and dread in the minds of this class of citizens and convinced them by my work, of possible recovery from yellow fever was a highly gratifying result.

The general nature of yellow fever I believe to be a disease of the mucous membranes of the stomach and bowels, of a nervous typhoid type, that of the late epidemic having a meningial or neuralgic complication.

The remedies which I have found most effective in ordinary cases are Aconite, Belladonna, Bryonia, Arsenicum; with Leptandrin and Stramonium, when brain complications were attendant. When excessive restlessness, nervousness or severe pain existed, I gave Morphia one-twentieth to one-fortieth grain—according to age of the patient—at intervals of one or two hours, which I found very effective, seldom having to give more than three doses without obtaining relief from pain, promoting sleep, with speedy action of succeeding remedies applied.

In black-vomit, I used Arsenicum, Argent Nit. Trillin. Hamamelis and Ext of Ergot, both by stomach and Hypodermic application, but I found none of these medicines so universally effective as Plumbum Acet, 10 grains in 4 or 5 ounces of water, one teaspoonful every two hours; which in some cases I found it desirable to continue for two or three days. My father, Dr. Richard Angel, to whose attention I called this latter remedy,

used it in several cases with universal success. I would specially like to call the attention of the profession to the use of Leptandrin in the treatment of yellow fever. From what I learned of it while attending lectures at the Eclectic Medical College at Cincinnati, I believed it would be valuable in this disease and during the late epidemic I commenced the use of it, with the case of my wife. Her symptoms at 10 A. M., were, pulse 94, temperature 101, eyes yellow, muddy and blood shot, pain in spine, neck, and back part of the head. I gave Lept 1st trit., 1 gr. directed its repetition every two hours, and on my return home in the evening found her feeling perfectly well, with pulse 80, temperature 99, eyes bright and clear. Repeated subsequent use of this remedy, in other cases produced equally gratifying results. Yellow Fever as a disease runs too rapid a course to properly admit experimental treatment, as frequent changing of medicines universally proves fatal, hence all well defined courses of treatment and successful remedies should be freely made known, that those who have liberality enough may accept them, as those not having such ought never to attempt treating the disease. Excess of covering, absence of fresh air, and use of purgatives I would specially condemn, as an abundant ventilation, without draft, and covering sufficient to keep up a mild degree of moisture in the patient better meets the indications, and abstaining from the use of purgatives, I found promotion of successful treatment in my own family and the large majority of my other yellow fever cases.

The general use of cold applications, other than to the head and hands of the patient, I deem to be fatally impractical and fully indicative of the needs of a return to the lecture room of any physician who uses them.

S. M. ANGELI, M. D.

New Orleans, La.

To the Officers and Board of Managers,

New Orleans Homœopathic Relief Association.

GENTLEMEN,

I have attended through this last epidemic of Yellow Fever, that has desolated our City, two hundred and two cases of fever with ten deaths, a pro rata of about five per cent. I think that the success of the Homœopathic Profession, at large, has been about the same. The Books of the Association will show you the names, age, color, sex, etc., as I have not kept a personal record.

Now Gentlemen, what is Yellow Fever? Is it a specific fever caused by a germ? Shall we accept the "*Germ Theory*" of almost every disease, as it has been generally accepted in this last century? I answer in the negative.

Yellow Fever is certainly kindred to cholera, and the *producing cause is the action of certain atmospheric conditions on the blood.* These conditions are *want of static electricity, great heat, with stillness and humidity of the air.* Now I have a great tendency to believe, that these

four atmospheric conditions, produce a *dedoublement* of the bile, and hence absorption of the coloring matter in the blood, etc., etc.

From the pathological condition of the different organs and tissues shown by post-mortem examinations made, here I come to the conclusion that *cholesteric acid* must have been deposited in the body,—see the fatty degeneration with its pathognomonic feeble and slow pulse.

The following citation will be of some deductive value. “Andreaud” made daily observations and experiments in and about Paris during the last epidemic of cholera there, which show a striking coincidence between the amount of electricity and the violence of the epidemic. In a letter to the President of the French Academy, he says : “The machine I have used for my daily observations is rather powerful. In ordinary weather it gives, after two or three turns of the wheel, brilliant sparks of five or six centimetres.

I have noticed that since the invasion of the epidemic I have not been able to produce on any one occasion the same effect. During the months of April and May, the sparks, obtained with great trouble, have never exceeded two or three centimetres, and their variations accorded very nearly with the statistic variations of the cholera.

This was already for me a strong presumption that I was on track of the important fact I was endeavoring to find. Nevertheless, I was not yet convinced, because we might attribute the fact to moisture of the air ; or to the inequalities of the electric machine. Thus I waited

with impatience the arrival of fine weather with heat, to prove the accuracy of my observations. At last fine weather came, and to my astonishment, the machine, though often consulted, was far from showing as it ought, an augmentation of electricity, but gave signs less and less sensible, to such a degree, that during the days of the 4th, 5th and 6th of June, it was impossible to obtain anything but slight crackling without sparks.

On the 7th, the machines remained quite dumb. This new *decrease of the electric fluid* had perfectly accorded, as is too well known, with the *renewed violence of the cholera*: for my part, I was not more alarmed than astonished; my conviction was complete.

I saw only the consequence of the fact already supposed: it may be imagined with what anxiety, in these moments of the crisis, I consulted the machine, the sad and faithful interpreter of a great calamity. At last, on the morning of the 8th, some feeble sparks re-appeared, and from hour to hour *electric intensity increased*.

I felt with joy that the *vivifying fluid was returning in the atmosphere*. Towards evening a storm announced to Paris that electricity had re-entered its domain; to my eyes it was the *cholera disappearing with the cause which produced it*.

The next day, (Saturday the 9th,) I continued my observations, the machine then, at the least touch, rendered with facility most lively sparks. Now, it is stated that the six days following the 8th of June, the mortality in Paris fell regularly from 667 to 355."

My observations and deductions proving that yellow fever is caused by certain atmospheric conditions, it follows that quarantines are not only useless, but detrimental to the welfare and commerce of our city.

HOMŒOPATHIC THERAPEUTICS.

In order to facilitate the treatment of Yellow Fever I will consider its course to consist of three distinct periods; 1st, The fever paroxysm; 2nd, The period of remission, with returns and slowness of pulse; and 3rd, The apyretic stage, with hemorrhage, especially from the stomach, with suppression of urine and collapse.

SYMPTOMS OF THE 1st PERIOD.

The fever is ushered in by a chill, or by mere chilliness, the heat soon rises to a high degree, with dryness of the skin, the pulse being frequent, full and hard. There is a severe frontal headache; the face is injected, turgescient, especially the eyes are red, watery, with a glistening and glassy appearance, as if the patient was intoxicated; *there is also severe pain in the back and extremities*, which keeps the patient in constant restlessness, and deprives him of sleep. The gastric symptoms are nausea, with vomiting of ingesta and soreness in the epigastric region.

I know but three medicines to meet and cover the symptoms of the first period, and they are Aconite, Belladonna and Bryonia.

FORMULA.

No. 1.

Aconite 3rd decimal dilution 6 drops,
Water 4 ounces.

No. 2.

Belladonna 3rd decimal dilution 6 drops,
Water 4 ounces.

No. 3.

Bryonia 3rd decimal dilution, 6 drops,
Water 4 ounces.

Tablespoonful every half hour, in alternation.

SYMPTOMS OF THE 2nd PERIOD.

The nausea and soreness of the epigastric region is increased, the white of the eyes, skin, and urine a yellow hue; the pulse sinks below its normal pulsation, and the patient feels exhausted, and has a stupid expression of the face.

Crotalus and Arsenicum are the medicines to be administered in this period.

FORMULA :

No. 1.

Crotalus 6th trituration, 6 grains,
Water four ounces.

No. 2.

Arsenic 3rd decimal trituration, 3 grains,
Water four ounces.

Tablespoonful every half hour in alternation.

SYMPTOMS OF THE THIRD PERIOD.

The soreness in the pit of the stomach increases to a severe burning pain, the tongue becomes dry, the thirst violent, the nausea and vomiting growing worse; First,

large quantities of acid fluid are thrown up; by-and-by this fluid becomes mixed with blood until at last it consists of pure decomposed black blood; at the same time black blood passes from the bowels; hemorrhage in some cases also from the nose, mouth, eyes, kidneys and capillaries under the skin. The secretion of the urine becomes scanty, or ceases altogether; cerebral symptoms of excitement or depression close the scene. The patient dies generally in a comatose condition.

The remedies of the third period are Arsenic, Sulphuric Acid, Carbo Veget, Cantharis, Stramonium, Opium, Terebinth and Sulphur.

FORMULA.

No. 1.

Arsenic, 3rd decimal trituration, six grains,
Water, four ounces.

No. 2.

Sulphuric Acid, 2nd decimal dilution, (watery solution) 10 drops,
Water, four ounces.

These two medicines to be given during the stage of black vomit. Teaspoonful every half hour.

No. 3.

Arsenic, 6th decimal trituration, four grains,
Water, four ounces,

No. 4.

Cuprum met. 6th decimal trituration, four grains,
Water, four ounces.

This is my second prescription for black vomit, in case the first one does not suffice—give the same way.

For suppression of urine with cerebral symptoms, give the two following remedies :

No. 5.

Stramonium, 3rd decimal dilution, six drops,

Water, four ounces.

No. 6.

Terebinth, 3rd decimal dilution, 10 drops.

Water four ounces.

Teaspoonful every half hour.

If the urine is secreted, but still is retained in the bladder, then give the following :

No. 7.

Cantharis, 3rd decimal dilution, six drops.

Water, four ounces.

No. 8.

Opium, 3rd decimal dilution, six drops,

Water four ounces.

Tablespoonful every hour, if after a few doses the urine is not passed, draw it then with a catheter.

For sinking of the pulse with prostration and comatose condition, give :

No. 9.

Opium, 3rd decimal dilution, six drops,

Water, 4 ounces.

No. 10.

Carbo reget, 30th dilution, six drops,

Water, four ounces.

Teaspoonful every half hour in alternation. If after three doses of each, no improvement should occur, substitute the following to the opium solution :

No. 11.

Sulphur, 30th dilution, six drops,

Water, four ounces.

Teaspoonful every half hour, in alternation with the Carbo veget. solution.

The convalescence of yellow fever necessitate the two following medicines, given on alternate days, one dose of each : Phosphorous 200th and Arsenic 200th.

Hoping, gentlemen, that my report will meet your approbation, and be of some service and interest to your readers,

I remain,

Respectfully,

A. B. DE VILLENEUVE, M. D. :

NEW ORLEANS, Jan. 15th, 1879.

COL. C. J. FISHER,

*Secretary of the Homœopathic Relief Association,
New Orleans :*

In making my report pertaining to the late epidemic, I am compelled to rely upon memory for data, as I was unfortunate enough to lose my daily call-book.

The first case of yellow fever I attended in this city was during the first week in August, a child, colored,

about eight years of age, residing on Claiborne Street—died of congestion of the brain.

I subsequently attended sixty-seven cases of which two died, when I was requested to go to Holly Springs, Miss., where the fever had then just commenced. I arrived there on the 5th of September, and found sixty cases of clearly marked yellow fever which had been, and was being treated by the "Regular" (?) practice with very unfavorable and unpromising results. During a sojourn of five weeks at that place I treated one hundred and twenty-eight cases, including only such as came under my care from the commencement of attack, of which number eighteen died. Of said number three had organic disease of the heart, two had Tuberculosis, (pulmonary), and one had Albuminaria. Some of my losses I attribute to the lack of proper nursing and absence of many articles indispensable in such cases, as the entire community were perfectly panic stricken, gave up hopelessly when attacked, making no effort to resist the disease, and the cessation of business and closing of business houses rendered it almost impossible at one time to obtain even mattresses for the sick to lie on.

I left Holly Springs on the 15th October for Duck Hill, Miss., finding but one case of yellow fever in the village, but in the surrounding country it was quite prevalent; of the seventeen cases which I treated there, one died, a female, six months pregnant.

From Duck Hill I went to McComb City, where I remained but two days, during which time I visited five

families, having an average of three members then sick with yellow fever. I left medicines and careful directions and was afterwards informed that every member of said five families had had the fever, in all twenty-three persons—that they were all treated according to my directions, having no physician to attend them and that all recovered, I next visited Bay St. Louis, briefly prescribing and leaving medicines and extended directions for ten cases, all of whom recovered.

Returning thence to New Orleans I ended my epidemic labors by treating twelve more cases making a total of two hundred and fifty-seven, of which I lost twenty.

As will be seen my almost entire loss was at Holly Springs, where the presence of a hopeless dread and the absence of needed care and supplies militated against my success, as it did not at any other point.

The remedies most used by me were Aconite, Bryonia and Arsenicum, many others being used as indications called for them. In some instances—at Holly Springs—I was compelled to resort to Allopathic medicines from temporary inability to obtain Homœopathic Similia's.

In my peregrinations I found the disease assuming different form of intensity in different places, at Holly Springs undoubtedly, the most virulent; the febrile movements being much more severe and the tendency to suppression of urine more marked, and yielding less readily to treatment. My theory for such special tendency is that malarial diseases are less prevalent in and about said

place, and the systems of residents are unaccustomed to the action of malarial poisons and consequently are less able to combat them.

The Sanitary condition of Holly Springs was good, the town occupying an elevation of 720 feet above the level of the sea and enjoys a climate usually extremely healthy, there being no water courses within twenty miles and the natural drainage of the country is rapid and effectual. Both cistern and well water—the latter of great purity—are used by the citizens; yet at such a place of favorable healthy indications, we find the fever of a much more virulent type than that at Duck Hill which village is situated on a low flat strip of land bordered on one side by a small stream—that overflows the country for half a mile on either side semi-annually—and on the other side by hills and swampy valleys; a place one would judge to be extremely malarious, yet in the village itself, there was but one case of yellow fever, in the hills adjoining there were a number, but none of them presented any such remarkably violent symptoms as did those at Holly Springs. Malarial fever were common in this neighborhood while the reverse was the case at Holly Springs.

The same comparison may be drawn between McComb City, situated on the Jackson Rail Road, in the piney wood district of Mississippi—under ordinary circumstances a very healthy place—and Bay St. Louis, situated on the Gulf Coast, surrounded by a low flat country where malarial troubles are common. Here, in New Orleans—on

every side swamps and low flat country tending to malarial influences—the fever was undeniably of a mild form.

What do these facts tend to demonstrate? Is it not that the poison of yellow fever is of a malarial nature and is influenced by malaria? As we find, that in those parts of the country where malarial fevers are common, yellow fever does not assume so violent a character as it does where said influences are not so prevalent.

One other peculiarity of the disease at Holly Springs was that the first sign of black-vomit was universally accompanied by suppression of the urine, which resisted all medical efforts both of our school and of the Allopathic, not one case being relieved to my knowledge.

Respectfully submitting the above,

I remain yours respectfully,

WALTER BAILEY, Jr., M. D.

New Orleans, La.

CHENIERE CAMINADA, GRAND ISLE, Dec. 1, 1878.

COL. C. G. FISHER,

Secretary of the Homœopathic Relief Association,

New Orleans.

Dear Sir.—These Islands, situated on the Gulf of Mexico, about 100 miles south of New Orleans, are a celebrated summer resort and generally regarded as the healthiest locality in the State of Louisiana, being open to

the sweep of the salubrious saline laden breezes of the Gulf.

In 1867, several natives, two weeks after returning from New Orleans were attacked with yellow fever, were treated by the local Allopathic Doctor aided by advice from visiting city Physician, all died.

In 1875. Oscar Terrebonne returned from the city, was taken with unmistakeable yellow fever—I was called—the disease ran its whole course including black-vomit, which last I controlled with *Ars Alb* 6 alternating with *Crotalus* 12. Eyes seated deep in their orbits, skin yellow, patient recovered; only case occurred that year.

During the epidemic of 1878, under the auspices of your Association, have treated 319 cases of yellow fever in these Islands and vicinity from which I make the following Clinical observations.

Mrs. Duncan, age 42, nursed a man who came from New Orleans, September 5th, sick with yellow fever, *who died without medical treatment*—two days later September 7th, was herself taken sick and summoned me; symptoms, excruciating pain in forehead and temples, dull dragging headache, mainly in the occipital, mastoid and upper cervical region, constrictive and deep seated pains in the back part of eyes, congested eyes and eyelids, yellow flashes, intolerance of light, dark red, livid and puffed face, burning heat in face, lips red and dry, ringing and roaring in ears, illusion of hearing, sound like distant chime of bells, intense 'dryness of mouth, tongue and fauces, secretion of sticky, offensive and nauseating

mucous in mouth, tongue red top and edges, pulse 135 degrees, animal heat $103\frac{1}{2}$ degrees, skin red, hot and dry, accelerated respiration, urine scanty and heavily loaded with sediment, contractivity of upper and lower extremities, caused by continual shooting pains in bones, dragging pain along the spine.

These symptoms called for Aconite 6, one drop in 8 ounces water, teaspoonful every hour. Sixteen hours later atony of system partly subsided, fever increased, pulse 139 degrees, animal heat 105 degrees, September 8th, continued Aconite, 9th, patient critical, had been delirious all night, burning sensation in pit of stomach, pains in back and extremities increased to such an extent that she screamed and kept in continual movement.

The pervigilium and restlessness of this stage calls for Bryonia alb 12 and Arnica 12, 6 pellets each alternately every half hour; the first palliates the gastric pain in pit of stomach, and the darting pains in head which caused the nausea. applied luke warm salt water, with sponge to cranium and body, gave lemonade made with Citric Acid without sugar, which relieved the thirst; the urine which had been suppressed for eighteen hours, became abundant.

September 10th, under the influence of preceding treatment the course of the disease had become greatly modified; in the afternoon vomiting occurred of aqueous matter which by close inspection disclosed streaks of blood; within two hours the hemorrhagic symptoms were fully developed; prescribed Ipecacuanca 3: 5 drops in

8 ounces water, teaspoonful every twenty minutes, six hours later vomiting had moderated and nature thereof changed, temperature lowered, disease undergone a new phase, fever attained its maximum ; pulse 156 degrees, heat $105\frac{1}{2}$; patient had vomited black, twice in three hours ; brain congested and that disorder dominated all other symptoms ; one would almost believe he had to deal with Cerebral Fever ;— convulsions, cries, songs, turgescence of face, dilated pupils, trembling chronic spasms. Prescribed Arsenicum 3d trit one grain, Spirits Camphor one drop, each in teaspoon of brandy in alternation, every half hour. During the night eretism disappeared, vomiting and contraction of stomach which caused it, entirely disipated ; several bovine evacuations of black color, resembling pulverized charcoal, with a quantity of decomposed blood, some excretion of bile during febrile period ; the urines blood red and loaded with gelatinous matter : same medication continued 48 hours. September 13th, fever gone, patient safe ; greatly prostrated ; derma covered with a miliary-like eruption confluent on heart and extremities with marasmus ; gave China 12, 6 pellets, in glass of water, teaspoonful every 6 hours ; rapid convalescence ; gave Cal carb 12, 3 pellets each day to check Alopecia ; this ended the treatment of this case.

September 16th, eighteen cases some of whom had visited the foregoing case in first and second stages ; fifteen days later had had 180 cases ; many of the patients had been in contact with other patients or nurses, gave the same general treatment modified by individual idiosyncracies.

The Southern part of this Island escaped entirely which I think is due to abstention of contact and communication with the other parts, which leads to the conclusion, that the fever being of a virulent nature, is contagious.

Great care was taken to prevent exposure of patients to draughts of air; good ventilation of apartments enjoined, clysters of coarse syrup and water given to promote free bowels and moisture of skin.

The system of medication employed by Mrs. D., has been applied to at least one hundred similar cases with like results.

During 1st, 2d and 3d stages, beef tea made of "Liebig's Carne Extractum" which is highly nutritive and of easy digestion, has been of great value, administered in small quantities at a time, say, teaspoonful every two hours according to condition of patient.

By using Citric Acid Lemonade, without sugar, I have had but three cases of retention of urine and these readily yielded to Cantharides 6, one grain every hour, 3 doses were sufficient.

Aconite 6, six drops in 8 ounces water, teaspoonful every half hour; luke-warm salt water, applied with sponge to head, back and articulations of extremities, reduces the temperature of body and palliates pains of 1st stage and may be continued during 2d and 3d stages.

Bryonia 12, necessary in 2d stage, when there are gastric disturbances, should be alternated with Aconite 6.

Belladonna 12 and Aconite 6, one drop each in

glasses water, teaspoonful each every hour alternately, when the patient sings, cries and with furious delirium, if given at first symptoms, which are precursory of convulsions and congestions of brain, acts promptly; this stage and condition should find the physician on his guard.

Ipecac 4, checks hemorrhagic symptoms; 5 drops of that potency in 8 ounces water; teaspoonful every 20 minutes alternated with Arnica 6, have proven powerful in many of my cases.

During convalescence strict hygienic measures must be observed: fruit and fish forbidden; the least gastronomical digression tends to mortal relapse.

To summarize, the remedies which I have employed and found most useful are Aconite 5, Belladonna 12, Bryonia 6, Ipecac 4, Arnica 6, Arsenicum 3d trit, Cantharides 6, China 4th trit Carbo veg 3d trit: these two last named have rendered me precious service in collapses; one grain each in alternation every 30 minutes.

Hoping that the foregoing facts gleaned at the bedside in gloomy days may be of some value to the Fraternity.

I have the honor to be

Respectfully, Yours,

JAMES DIET, M. D.

C. G. FISHER, ESQ.,

Secretary Homœopathic Relief Association,

New Orleans.

Dear Sir:—In this humble essay I have not the pretention of bringing before the Fraternity any new features of Yellow Fever, nor any original treatment, but simply to relate my experience and do full justice to the great remedy which has enabled me to be victorious in my first struggle with the dread disease.

I have treated for your Association 232 cases of various diseases, mostly fevers, from which I designate 159 cases of genuine Yellow Fever, comprising all the different types of that malady from the milder to the most malignant, embracing 26 cases of Black-Vomit, (of which two only died), and in all of these excepting 17 mild attacks occurring in colored persons, have been led to Arsenicum by the symptoms presented, and the most complete success has followed its administration

In the Black-Vomit stage when the so-called inflammatory symptoms had abated, and the real characteristic manifestations of the affection took place, dry cool skin, hipocratic countenance, pervigilium and restlessness, aggravated at night, small, weak and irregular pulse, dry cracked and tremulous lips and tongue, violent thirst, burning pain in the epigastrium and vomiting of serous liquid, holding in suspension decomposed blood, Arsenicum is the most complete *similimum*, and its action is so

quick and energetic that from 2 to 3 hours after its administration in most cases the Black-Vomit entirely subsided and the other symptoms began to decline.

Looking at this stage from another point of view, the morbid change supposed to take place at this period of the career of the attack, inflammation of the mucous membrane of the stomach, and fatty degeneration find also their homœopathic specific in Arsenicum, and even the accepted cause of the disease, inhalation of poison from decayed matter of whatever nature, point unmistakeably to this remedy.

I do not wish to be understood to say that Arsenicum will of itself be sufficient to cure a case of yellow fever, nor that it should be used exclusively in the second stage because we need Aconitum for the onset and Belladonna, Opium and many others for particular symptoms and special dangers, but in the whole list of medicines employed Arsenicum is the most potential, because it controls the essential manifestations of the affection and is the most rapid in its salutary effects because it is the most active of poisons.

It is well known that yellow fever presents a great variety of types according to constitution, acclimatization or other accessory conditions, and that during the prevalence of an epidemic all essential fevers exhibit more or less of the influence of the prevailing poison and some of its characteristic symptoms.

In all cases of true yellow fever however mild, ex-

cepting those in colored persons, the diagnostic symptoms of pulse, countenance &c., are precisely those indicating Arsenicum—the difference between the types being the absence or presence of nausea indicative of Black-Vomit and the intensity, not the quality of the symptoms.

The same remark holds good in those cases of remittent, bilious or gastric fever occurring in the period and territory of an epidemic of yellow fever—here also the symptoms denote the influence of the miasm and call for Arsenicum, displaying the Homœopathicity existing between the miasm and the remedy, since the absorption of the one is always followed by the exhibition of the symptoms and characteristic of the other.

I have often found myself at the bedside of some child stricken down with the rapid prostration of the second stage, when the dreaded Black-Vomit had just made its unwelcome appearance—family congregated with terror struck faces, believing that the sure forerunner of death to their beloved one had come—and I felt happy to have in my hands the reliable medicine to subdue the danger and dispel the storm of appalling symptoms ; this was Arsenicum, and in most cases quickly and entirely successful in restoring confidence and peace to the despairing household.

For the triumphs which have repaid my efforts and encouraged me during the struggle of the recent epidemic, I am indebted to Arsenicum, and to that alone,

because experience in its use had inspired me with so much confidence as to dispense with external or eclectic measures. My faith in its Homœopathicity, and consequently its efficacy at the period of greatest danger is such that I never hesitated when it was clearly indicated to give a favorable prognosis to anxious relatives, whatever the intensity of the symptoms, and if I were myself liable to the infection, would not be unwilling to expose myself to it provided I had Aconitum and Arsenicum to cure me and the other Homœopathic remedies to help them in their work.

I have the honor to be

Yours respectfully,

CHARLES J. LOPEZ, M. D.

New Orleans, La.

Homœopathic Relief Association.

GENTLEMEN :

To only give the accompanying list of Yellow Fever patients treated Homœopathically in Dry Grove, Mississippi, and vicinity, would be but an incomplete report of my labors, and the benefits derived therefrom by the citizens of said localities during the past summer. Such benefits may be better summed up as follows :

1st. The aid rendered through me, by your Association and the Association at this place, in ways of medicines, provisions and other necessities of life, indispensable for the sustenance of the well and the comfort of the sick.

2d. Cleaning and disinfecting places that were generating an infection which was exerting its influence for miles around.

3d. Assistance rendered Allopathic physicians, by visiting, consulting and advising in cases under their charge, and furnishing nurses—sent by you—to care for such.

4th. The distribution of Homocopathic medicines and Circular of treatment through the entire country, thereby not only preventing mischievous medication, but enabling attendants of the sick to properly commence treatment at the earliest moments of attack, before the services of a physician could possibly be secured, and to even continue treatment if such services were not forthcoming.

5th. The restoration of confidence to the disheartened citizens, and the effect produced upon Allopathic physicians by showing them the highly beneficial results of a more conservative course of treatment and a better system of nursing.

At the commencement of the Yellow Fever in New

Orleans I carefully galed the public journals of the day, noted its progress and fatality and searched eagerly for information in regard to its peculiarities and treatment. Neither therein nor in the several exhaustive Allopathic treatise which I had, did I find any treatment recommended which I did not regard worse than none. I specially noticed that the fever became more malignant as it reached distant parts of the country where its treatment was not understood, and where Homoeopathic or conservative physicians were not to be found, and I became satisfied that the mortality was the result of too heroic treatment-

Seeing in daily published reports of your Association that aid was given wherever requested, I made application in behalf of the Dry Grove sufferers, which brought prompt returns in medicines and full directions for treatment, consisting of a printed circular by Dr. James G. Belden, and written instructions by Dr. de Villeneuve. Their mode of treating the disease at once satisfied me as to its peculiarities, the necessary indications to be fulfilled, and the remedies recommended I saw were peculiarly adapted to fulfil them. In short, such seemed to bridge the long vacant chasm of doubt pertaining to the treatment of Yellow Fever; and your kindly response resolved me to place myself fully under the auspices of your Association

The condition of affairs at Dry Grove at this early day of the epidemic—29th September—was very deplorable. A consultation with some of the local Allo-

pathic physicians evolved the fact that they were totally discouraged, having no confidence in any treatment, and only believed that a lack of material would alone stop the disease.

Of the then thirty cases of fever only three were convalescent and hopes entertained of but two more. Dr. Deason, who had the yellow fever during a previous epidemic, was again down with it, which produced a very depressing and demoralizing effect upon the corps of nurses sent from this place, as his attack seemed to prove that none were sure of escape, and under such circumstances it seemed a Herculean task to accomplish anything.

But at the request of Dr. Deason I became his physician, and his was the first case of yellow fever treated from the commencement, and throughout the attack Homœopathically, the result of which was highly satisfactory and gratifying to all, and especially to those who from the practical results of Allopathic treatment could see but little hope ahead.

My work rapidly increased, and by the assistance of the force of able and intelligent nurses you were sending me, had I remained well ten days longer, almost, if not all of the sick in that vicinity would have been under Homœopathic treatment. But after continued severe labors and a day's ride of thirty-eight miles, I was taken with a chill followed by rapid progress of the fever, which compelled me to entrust my work to the two worthy as-

sistants sent by you—Messrs. Mallam and Vail—and I am happy to state that in no case where Homœopathic treatment had been commenced in due time, was the result anything but satisfactory.

The treatment of my own case was strictly Homœopathic, conducted by myself, assisted by Mr. Mallam and nursed by Mrs. Guardia, both of whom rendered me personally invaluable service as did your entire corps of nurses, in the care of my patients.

I regret to say that at one time some slight dissatisfaction occurred because of our adherence to Homœopathic treatment, and refusal to turn over your nurses to Allopathic practitioners, who claimed the right to conduct the treatment of the neighborhood, but subsequently general good feeling prevailed and our good work continued until the fever ceased,

To you who were so prompt in rendering every assistance requested, I am doubtless indebted for my existence to-day, as are many other yellow fever victims in and about Dry Grove.

The general remedies used by me were those noted in Dr. Belden's circular, they meeting the indications in most cases and proving safe and effectual.

In the febrile stage I preferred to regulate the frequency of the doses of Aconite and Belladonna according to the restlessness of the patient. After the febrile stage Stramonium proved very effective. I found tepid sponge

baths carefully applied to the body and limbs with cold baths to the head when the fever was on, a great relief to my patients.

I believe it very important that the stomach and bowels should be evacuated and the skin brought into action and free perspiration maintained for a few hours at an early stage of the disease, to eliminate as much of the poison as possible and allay restlessness. Only a gentle moisture should be maintained thereafter, and all mucus surfaces strengthened, which last indication is admirably fulfilled by Bryonia.

A mustard foot bath during the early hours of attack will materially equalize circulation and produce a degree of relaxation well calculated to assist the after treatment in fulfilment of every desirable indication.

Recumbent position, iced drinks, well ventilated rooms of even temperature are essential parts of treatment.

Congratulating you upon the great good your Association accomplished in this section of the fever district, I remain yours truly,

JESSE R. JONES, M. D.

Crystal Springs, Miss., Nov. 27, 1878.

C. G. FISHER, ESQ.,

Secretary Homœopathic Relief Association.

Dear Sir.—In response to your request, I send herewith a list of Yellow Fever cases treated Homœopathically by myself at Dry Grove and vicinity, since my own recovery under that treatment, and my entire adoption of that system of practice

By it, you will see that my loss did not reach five per cent., which is a full average loss of all the cases thus treated in this section.

Such results, commencing in the dark days at Dry Grove, when no other system availed ought in contending with the prevailing scourge, should satisfy all, as it has me, that Homœopathy is the progressive and promising system of the age.

The remedies most used were, for the first stage of fever, Aconite and Belladonna in alternation; in the second stage, Aconite and Bryonia, and in the third stage Stramonium and Cantharides; using Arsenicum when Black Vomit was indicated.

The prompt and practical manner in which your Association responded to our call and gave the benefits of this practice, to a despairing community merits the the highest commendation, as it has our grateful thanks.

Anything I can do for the cause of Homœopathy or for your Association, command me at all times.

Yours Respectfully,

WM. M. DEASON, M. D.

Crystal Springs, Miss., Dec. 18, 1878.

To the Homœopathic Relief Association.

THEORY OF THE NATURE OF YELLOW FÈVER POISON ELEMENT.

As theory is the mother of science it will be in order, at the present time, to propound a theory for the poison principle of yellow fever and its manner of action. Had not Newton formed a theory of gravitation from observing the fall of an apple he could never have demonstrated its laws.

The discovery of the microscope opened up wonderful fields for investigation upon the nature and action of vegetable parasitic or fungus growths, and their destructive action upon both vegetable and animal tissues. With the aid of this wonderful instrument scientists have been able to elucidate the difference between animal parasitic growth and development by germs, from that of vegetable parasitic growth and development by conidia, commonly called spores.

As I adopt the spore theory to account for the fomite of yellow fever, it will not be necessary at present to discuss the applicability or inapplicability of the animal germ theory in explaining the phenomena of this infection.

Vegetable parasitic or fungus growth by its spores is extremely simple, and under favorable conditions extraordinarily rapid and exuberant. First, starting with the spore as the initial, it swells, elongates, divides into two or more, and these dividing again and again in a similar manner, more or less rapidly forming chains of the same,

which have a more or less nucleated appearance, and give off branches in various directions usually denominated sporule bearers. Second, mycelium forms appear, varying in all designs, from fine transparent filaments up to double contoured tubes; these filaments interlace very freely, and bear, in most instances at their extremities various forms of fructification. Third, added to the foregoing forms we have the stroma—an infinite number of minute cells, derived probably from the multiplication of granules in the interior of parent cells and filaments and is the nuclear form of the growing fungus.

Taking these well established facts as a standpoint in the propagation, growth and development of the fungus order of plants, it will not be drawing very heavily upon the imagination to conceive of a higher order of the fungus growth; and instead of the tame manner as expressed by the slow growth of the *Aspergillus glaucus*, or common mould, upon dried fruit and other perishable substances in warm and damp weather, we may very naturally expect to find a higher order of the fungus development—more aerial in its nature—yet possessing most of the characteristics of the fungus family of plants; sufficiently so to trace it to the order to which it belongs.

Microscopists are familiar with the extreme difficulty of observing the fine mycelium filaments in ordinary fungus growths. Then how much more difficulty might we expect to meet with in demonstrating the finer and more subtle order—more aerial in its characteristics—which we will assume to predominate in transparent mycelium fila-

ments, containing however very numerous spores with their enclosed nuclei. These mycelium filaments and their enclosed spores grow in the most rapid and exuberant manner under the favorable condition of an unusually high degree of temperature and excessive saturation of the atmosphere—in short, a tropical climate.

Let us consider a single mycelium spore to start from any fixed object ; as this filament advances in growth its multiplying or growing spores also developing, throw out from the parent filament an immense number of shoots as upon vines which in themselves become parent mycelia for further and continued development without limit. These growing filaments take a tendril form, probably for the purpose of seizing upon all fixed surrounding objects for a temporary support.

The mycelium filaments are tubular and the spores develop within as a part of themselves and grow *pari passu*; and as each spore bursts from its parent filament it forms new branches for additional growth. Each spore contains one, two or many granules or nuclei ; and as the growth of the plant is most wonderfully rapid, and the development of spores superabundant, many of them burst, discharging their nuclei, forming a fine dust or stroma, which floats about in the atmosphere in the greatest abundance. This stroma constitutes the true yeasting element, which for the want of a better name I will call *Toxitorula vomelonigro* ; and as it is inhaled with the atmosphere in respiration, from its extreme subtlety, readily passes into the blood,

If the blood is in a condition, or has the proper element in it to be acted upon by this poison-yeast, a stage of incubation commences which may be of longer or shorter duration—but is never observed by the subject or his friends—or, the blood may not be in a condition to be acted upon by it at all; no more than common brewer's yeast could act upon a solution not containing starch, glucose or sugar; and as a corollary, the length of time necessary for this incubative stage will be proportioned to the condition of the blood in the human subject, as in the amount of sugar, &c. in the brewer's solution. Hence, the difficulty of fixing or limiting the time of incubation of yellow fever.

In 1854 a laboring man came to this city from a perfectly healthy part of a neighboring Parish of the State by a quick conveyance, and in seventy hours after his arrival, he was a patient in the Charity Hospital, with well marked symptoms, and on the fifth day after his admission to the hospital died with black vomit.

On the other hand it is not unfrequent to meet with cases of the genuine yellow fever after the disease is past as an epidemic, in people who have been attending as friends and nurses of yellow fever subjects during its whole course. However, in all such instances that have come under my observation, they have been of a mild form, yet sufficiently well marked to be unmistakable.

The question naturally arises, how long will those sporules retain their vivifying properties after an epidemic is past? and how can we destroy them? In contemplating

these questions, we will naturally revert to its cousin-german—*Torula cerevisiæ*, or common yeast. We know that this can be carried on an arctic exploring expedition and be brought back three years after as good as ever. Or it may be taken on a voyage to the East Indies and back, with like results. Thus we see that the common yeast is not destroyed by either extreme of atmospheric temperature. If our poison yeast possesses the same enduring properties the same results must follow; therefore these questions require further investigation. It is easy to perceive that these sporules, when floating about in the atmosphere, in abundance during an epidemic, can take safe lodgment in the cracks and crevices of old walls, buildings, &c., and wait, even years, for a tropical summer to vegetate them.

Whether the life-destroying process of yellow fever consists in the growth of this fungus plant in the blood as a specific poison: or, whether in its process of growth—fermentation—carbonic acid is generated which of itself destroys the vitality of the blood, is a question that remains to be solved. If the latter be true I have given an inappropriate name to this fungus; but if the former be correct, the name will give a tolerably correct index of its properties.

The question of whether ozone in the atmosphere is a preventive of yellow fever, is sufficiently refuted by that in the summer of 1853, both before and during the epidemic, we had more violent thunder storms than during any summer since.

Whether the decomposition of vegetable and animal matter and other filth will contribute to develop yellow fever, will be answered by the well known fact that all vegetation flourishes most luxuriantly in an atmosphere loaded with noxious vapors.

WALTER BAILEY, Sr., M. D.
New Orleans, La.

To the Homœopathic Relief Association.

QUARANTINE.

Allowing for the sake of argument that any quarantine, however strictly enforced, can at all times prevent the recurrence of yellow fever in our section of the country—which I most emphatically deny—what advantage could a national quarantine have over a local one?

During the past year we have had a very efficient Board of Health, consisting of scientific and active men, well versed in all that is known of epidemic diseases; and they have resorted to all the means that science and observation could suggest to prevent the prevalence of this disease; and, as we see without success; every avenue for the introduction of the disease from foreign countries was closed from Pensacola to Galveston: and in spite of this precaution we have had a severe epidemic. A National Board of Health Commission with any number of medical experts, could have done nothing more.

But let us come down to the solid facts of the case as illustrated in the recent epidemic, as to its importation from foreign countries; I deny that any reliable evidence has been brought forward to prove that the disease was imported, but insist that it originated in our midst; and this is a suitable place to give my views as to the cause of its occasional visitation in our latitude as an epidemic.

All scientists agree that epidemic yellow fever, is a disease incident to a tropical climate; simply a high degree of nearly uniform temperature, excessive degree of moisture to the atmosphere; and the absence of strong prevailing winds—a deadness and stagnation of the air, which we breathe, to carry on the vital functions of life in a healthful manner and to carry off the poisonous accumulations of the animal economy, which are constantly being engendered through physiological processes.

If this meteorological condition should exist in New Orleans, in Memphis, Holly Springs, Grenada, Louisville, New York, Boston, or even in Quebec or any other place, there can be no reason assigned why yellow fever should not be developed in any of these places as well as in Havana, Vera Cruz, Jamaica, the Barbadoes or in any other part of the tropics—like causes must produce like effects, climate varies from year to year in all latitudes, what the cause or causes of these variations are, whether solar, lunar, stellar or planetary, is a problem for meteorological professors to discuss; but the past summer has been a most extraordinary tropical one: which coupled with the intensely filthy condition of our streets, vacant lots,

wharves, levees, etc., which the Board of Health had no power to remedy, as this department of our city government was under the control of the Street Commissioner, who stubbornly violated all of the demands of the Board of Health, gave all the conditions necessary to develop a malignant epidemic disease, namely: an intensely tropical climate and an entire neglect of local hygiene. These combined conditions existing, it was impossible for us to escape an epidemic.

Whether the first, so-called "germs" of the disease were imported, or not, is a matter of but little consequence; it was, most undoubtedly indigenous with us because all the elements necessary for its spontaneous development were present.

The question is enforced upon us, how are we to escape these occasional visitations? We have no control over the climatic conditions it is true, but we have or *should have* over the hygienic. This forced neglect of hygienic measures over which our Board of Health had but little control, I consider the chief cause of our yellow fever epidemic of the past season; and what applies to New Orleans in this instance, applies equally to all centres where the epidemic has prevailed. In Galveston, Pensacola and Natchez, hygienic measures were instituted and carried out to a degree of perfection, and they escaped, Mobile also escaped with but a few sporadic cases from the same cause most undoubtedly notwithstanding all the cities were exposed to the same climate causes.

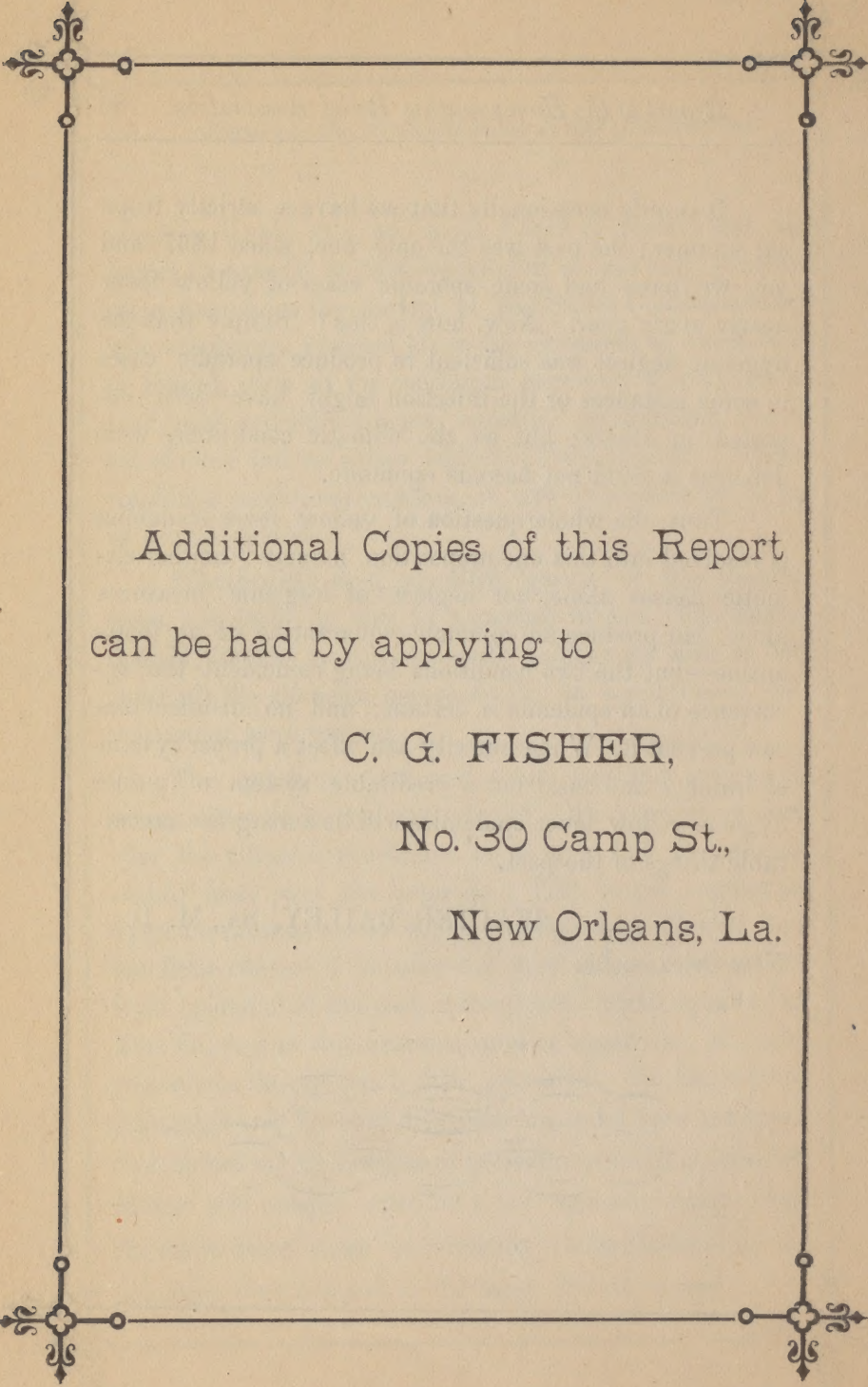
It is only occasionally that we have a strictly tropical summer; the past was the only one, since 1867, and yet we have had some sporadic cases of yellow fever nearly every year. Now, how is this? Simply that the hygienic neglect was sufficient to produce sporadic cases in some instances or the infection might have been imported in others; but as the climatic conditions, were deficient it could not become epidemic.

Thus, the whole question of yellow fever epidemics is resolved into this one proposition, namely: neither climatic causes alone, nor neglect of hygienic measures alone, can produce an epidemic—quarantine or no quarantine—but the two conditions being coincident the occurrence of an epidemic is certain; and no disinfectants can prevent it. When our city can effect a proper system of drainage and carry out a creditable system of public hygiene yellow fever epidemics will be among the memorable things of the past.

WALTER BAILEY, SR., M. D.

New Orleans, La.





Additional Copies of this Report
can be had by applying to

C. G. FISHER,

No. 30 Camp St.,

New Orleans, La.